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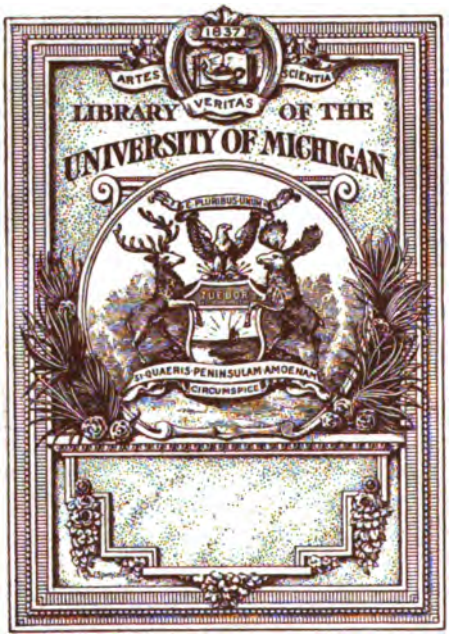

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THE

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EDITOR

WILSON A. SMITH, M. D.

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THE MEDICAL VISITOR

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Original Articles.

A PLEA FOR HOMEOPATHIC SOLIDARITY AND INDEPENDENT WORK.*

BY SHELDON LEAVITT, M. D., PROFESSOR OF MEDICAL AND SURGICAL DISEASES OF WOMEN IN THE CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

(1) **The Two Leading Schools of Medicine have been Moving on Converging Lines.**—Seams in the earth-crust, created by profound disturbance, are at their widest when first made, gradually diminishing, mainly as the result of accretions, till partially or wholly obliterated. The history of social, political, and educational movements delineates a similar course. Disruptive elements accumulate in volume and energy until an explosion can no longer be averted, and then comes an upheaval resulting in temporary disorder and unsettlement. But soon coherency begins which ultimates in relative harmony and coordination of the warring forces. The history of political parties is a pointed illustration. At one time they are as wide apart as the poles, and again, so alike in sentiment and purpose and policy that issues can scarcely be distinguished. Furthermore, it will be observed by those who give the matter attention, that approximation of divaricated parts does not proceed from one side, but from both, there being a mutual yielding and conformity until differences become obliterated.

Homeopathic history discloses a similar movement, which, within the past decade or two, has become greatly accelerated. The old-school of medicine, with the dogmatism and arrogance so common an accompaniment of age, though invariably antagonistic to its rival in sentiment, has become less and less bitter, until in certain localities it has assumed conciliatory airs and developed a quasi-friendly spirit. That its teachings and practice have become greatly modified is undeniable, though not all are willing to accord to homeopathy the credit of the change. Today many of the most eminent old-school practitioners readily consent to meet the formerly detested homeopaths in consultation; they act with

* Read before the International Homeopathic Congress, Paris.

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them in official capacities; and their colleges give due credit for time spent in homeopathic institutions. Best of all, many of them dispense remedies prepared after homeopathic formulas, from cases bearing a homeopathic appearance.

But the spirit of compromise has not been confined to the other school of medicine. Homeopaths have found that their law of cure does not always label patients with clear indications of the similimum, and that, even when it appears to, the administered remedy does not always fulfil the extravagant claims which have been made for it by enthusiasts. These disappointments have led honest practitioners to study other means and methods, especially the innovations which have been at intervals so loudly heralded. The result of this has been a gradual conformity in spirit and practice to old-school standards. Homeopaths study old-school text-books, read its journals, attend its colleges, and, as a consequence, adopt many of its methods.

The fact is, homeopathy and allopathy are today in closer sympathy than ever before, and in some quarters appear to be on the verge of a hearty embrace.

(2) **Is there good Reason for Maintaining Independence?**—To this question, a few by words, and others by action, have given a constructive negative. Against the honesty and sincerity of these brethren no charge can be substantiated, and from one point of view their conduct can even be justified. Besides, we should remember that the partisan spirit is not equally strong in all. Some men prefer harmony, even when obtained at the sacrifice of loyal sentiment. They seemingly care less for the welfare of humanity, or the triumph of an espoused cause, than for personal repose. But from those who feel a true responsibility and possess a measure of partisan pride there comes a rousing affirmative: "*There is good reason for maintaining independence.*"

At this hour when the enthusiasm of a new idea has measurably subsided, and persecution, which always serves to strengthen fraternal bonds, has almost ceased, we cannot afford to relax a single strand of our firmness, or to be lulled into silence by the conciliatory demeanor of those who have strategically dropped the appearance of open enemies.

In truth, the *raison d'etre* of a separate and distinct school of medicine having for its central idea a law of cure the superlative value of which has been demonstrated beyond peradventure, is more pronounced today than ever before; and it is to be hoped that this International Congress will voice a loyal sentiment so clearly and forcibly that indifference shall give place to zeal, that faint hearts shall be strengthened, and that sturdy souls shall be greatly cheered. *From a small band of resolute men in*

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whom a great thought had taken root, the followers of Hahnemann have grown to many thousands; and from a few cures wrought in the face of determined opposition and tantalizing scoffs, the world has become filled with the healing and saving power of homeopathy. It is a recognition of these truths that disarms our enemies, so that now they seek by smooth words and decorous demeanor to secure the ends that their cruel persecution failed to compass. They cry, "Peace! peace! when there is no peace." The increased number of our practitioners and patrons, the improved quality of our teaching, the mental and social status of our students, the wealth and influence of our following, and the surprising cures made by our remedies have accomplished a significant change in their attitude, giving them the appearance in the main of urbane competitors. Now, in view of what has been accomplished, your essayist insists that it is no time to parley. Having won the preliminary engagements let us stand in our own strength and beneath our own banner.

Putting out of consideration the spirit of selfish rivalry, it must be evident to every candid observer that the truths of medicine are far more likely to be uncovered and utilized as the result of investigation and experiment carried on along separate and independent lines. At the same time it will be noted that the present aspect of medical affairs is far from reassuring because of the evidences among us of servile conformity to unhomeopathic principles. If the theories of medicine to which we profess fealty have a substantial foundation, and our protestations of faith in them are genuine, is it wise or becoming commonly and unnecessarily to ape old-school methods? Consistency dictates that we adhere more tenaciously to our own ways and develop more sedulously our own resources. There is still much fallow ground to be worked, and ambitious students of medicine and general science have a broad and encouraging field for study.

(3) **A Suggestion Concerning Distinctive Work.**—It has been said that much remains to be done in developing the truth of *similia similibus curantur.* We do not understand the action of remedies on the human organism as we ought, nor the rationale of successful prescribing, But let it be borne in mind, that, to be homeopaths, we need not limit ourselves to the utilization of a single law of cure. There are other laws of which we may consistently avail ourselves, patient and painstaking elaboration of which might easily be made characteristic of our school, and bring upon us the encomiums of a grateful world. *We have good reason to believe that the present is but the beginning of a vast system of medicine, to be built upon a scientific basis, with its several parts rising in consecutive order, the composite structure thus reared essentially differing from the heterogeneous structure reared by the old school.*

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Your essayist begs to submit this question: *Would not a course like that indicated, persistently followed, produce better results to the world of suffering humanity, and be a greater credit to us, than the frantic and puerile chase now being made by so many of our number after will-o'-the-wisps set afloat at irregular intervals by those who ridicule our principles and despise our lack of spirit? Yea, verily!*

In consonance with such a plan your essayist conceives this as not an inopportune moment to suggest that there is a phase of medical study not yet deeply considered by either of the leading schools of medicine, which offers a most encouraging field for research; namely, that of mind in its relation to organic states. The great founder of our system of therapeutics, whose name we revere, did not shrink from an investigation of certain phases of psychology, nor fear to incorporate much of it into his teachings. Doubtless had he been spared to feel the influence of the current thought of our day, he would be found giving credence to much that we are reluctant even to investigate. You will recall that he frankly confessed to a "spirit-like" influence in the action of his remedies unexplainable on a materialistic hypothesis; and also expressed faith in the power of certain mesmeric passes.

Medical thought has long been working in the direction of psychology, and the time is not distant when mental therapeutics will become a resource owned and commonly employed by reputable physicians and surgeons. It should be understood that no reference is now made to the coarse and spectacular expressions of psychic influence seen in public exhibitions; but to the deep and potent power of mind over physical conditions of which we all in some measure, consciously or unconsciously, avail ourselves in daily practice. And why should not the homeopath, who by virtue of his confessed faith in attenuated remedies has gone to the very suburbs of psychic recognition, boldly enter upon a systematic study of the entire subject? We shall do well to leave the old-school with its exclusively materialistic tendencies to peer through its lenses and make its pathological cultures, if it will, while we direct our search toward the true sourse of all ills, and patiently study its etiological and curative processes.

In any event we cannot afford to lose our identity as a school of medicine, as in some quarters we appear to be in danger of doing. The *raison d'etre* which originally existed has not lost its potency. The evolutionary processes at work among men were given a tremendous impulse by Hahnemann, and it remains for his followers to broaden and enlarge the sweep of that influence. A systematic study of all the elements which enter into the reparative processes, and especially those which have thus far received scant notice, though perhaps the most

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potent, should be taken up by us. The field is wide and fruitful. The laity, recognizing this, are entering in vast numbers, and it is high time that serious study of these resources be undertaken by those who, by virtue of capacity and training, are better fitted to arrive at a just estimate of their essential worth.

A conservative expression of encouragement and approval by this Congress would be most timely. The trend of thought now being in the direction indicated, justice to ourselves, as well as to suffering humanity, demands a careful investigation of the subject in all its bearings. Then let homeopathy, which lies in juxtaposition to the psychic realm, take the energetic initiative, and rob the novice and the pretender of the power which they are now acquiring in the community.

PREPARATORY TREATMENT IN THE PRACTICE OF ORIFICIAL SURGERY.

BY E. H. PRATT, M. D., PROFESSOR OF ORIFICIAL SURGERY IN THE CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

Our medical ancestor, Galen, once said that any measure which affects a sudden change in the entire circulation of the blood is a dangerous measure and must be employed cautiously to avoid disaster.

There is no measure known to medical men that affects more suddenly or more profoundly the entire capillary system than does orificial surgery, and, as Galen's general remark is as true today as it was when it was uttered centuries ago, it behooves us to be extremely careful in the employment of this edged tool.

My plea today is for the exercise of such art in orificial practice that it shall always help and never hurt; that it shall save life and never destroy it; that it shall cure people and never cripple them. Misfits are sufficiently disastrous in business, in society, but they are doubly so in surgery, and in order to avoid them, consideration must be had not only to surgical methods and appliances, but for the patient, for it is not only what we as surgeons do, but how the patient responds to what we do that settles the question of success or failure in our treatment of cases.

Taking it for granted that orificial work is needed and that the operator is competent to perform it and professionally well equipped for his task, a little time may perhaps be profitably spent in considering some of the things essential to successful orificial work.

First of all, the surgeon's motive of action must be clean. It is safe practice to have the good of the patient so thoroughly at heart that motives of self interest, such as reputation, financial gain, as well as their opposites, fear of failure and the financial loss involved in restoring

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to health one who has been a long and steady patient, do not obtrude themselves upon the self consciousness of the operator. When the good of the patient is the sole consideration, the means employed for recovery will be chosen solely for their effectiveness and adaptability to the case, and, being selected by an unbiased judgment, will be more likely to be adapted to their purpose and employed with the greatest degree of effectiveness possible. This motive-cleansing process on the part of the doctor is as essential to true success as is physical asepsis or antisepsis, and is neglected with sufficient frequency to justify its mention in the present connection.

First of all, then, the doctor should be the friend of the patient rather than his own friend or the friend of any pet measure. He should desire the patient's recovery of all things, regardless of by whom or what it is accomplished. Because it is a dangerous measure, because it is a radical measure, because it is a more or less expensive measure, orificial surgery is, therefore, a serious measure and should be resorted to as seldom as possible, and even then, reluctantly. This position is taken with reference to orificial work as a means of cure rather than a means of prevention. Beyond all question, every boy born into the world should have his foreskin loosened from the glans, and slit along its dorsum if too tight, and amputated if too long, and every girl should have the hood of the clitoris loosened, all smegma carefully cleansed away, and, if too tight, slit at its upper angle, and if too long, shortened to a proper length, this to save the boys from the dangers involved in leaving it for them to accomplish unaided, and in the case of the girls, to save them from subsequent social misfits, and from the hands of surgeons later in life. The care of these parts in all cases should be continued until all danger of readhesion has passed away. This should be, and must be, the universal practice of doctors before the human race can hope for emancipation from physical and emotional wanderings away from universally recognized standards of moral and physical health. Hygiene of the pelvis persistently followed from early infancy throughout life should be taken up as an active, aggressive campaign in the cause of preventive medicine. But the considerations under discussion at present, have to do with those unfortunate cases of orificial neglect which have gone on to their legitimate harvest of physical disorders sufficiently serious to demand professional attention.

With the orificial work, therefore, indicated, with the surgeon properly prepared and ready for his task, in what manner may the patient be best prepared for the work so as to avoid its dangers and secure its fullest benefits? In other words, how shall a chronic case be prepared for the orificial remedy?

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Consideration of this question naturally divides itself into two parts, a mental and a physical aspect. Mental preparation is not possible in all cases. It is impracticable in the treatment of infants, of the insane and of strongly self-hypnotized cranks. But if all these classes of invalids be excluded, there is still left a multitude of chronics who have sufficient mental balance to be reasoned with and sufficient freedom of thought to be able to change their focus of attention. All such should be given the full benefit of suggestive therapeutics to the extent of eliminating all types of fear and apprehension and dread and to inducing in them cordial welcome to all efforts made in their behalf.

The habit of *standing or enduring* treatment, the patient being in a defensive attitude as though he were being attacked, implies nerve tension, involves shock and is not conducive to the best results, as it impedes the circulation, stiffens peristalses from the sweat glands to the blood vessels, invites pain and unnecessary suffering and in every way hinders recovery and is detrimental to the best interests of the patient. It is the result of a wrong focus of attention and the patient needs a few lessons in the true meaning of hospitality in order to disarm him of his attitude of antagonism. He should be taught to work with the doctor instead of against him, to supplement his measures and receive them with a non-resistance born of complete trust and confidence rather than on the principle of endurance. Mere endurance implies nerve tension, which is expensive of nerve force and is surely followed by a greater or lesser degree of prostration, while trust implies relaxation and economy of nerve force.

In the enduring attitude every organ is alert and apprehensive and exceedingly gossipy, and as soon as disturbance is felt by the patient at any point of contact with the surgeon, the startling vibration of impending danger flashes with wonderful rapidity throughout the entire community of organs, and the whole body is on the *qui vive*. Respiration and circulation are both interfered with and the entire voluntary and involuntary muscular system are panicky and forced to stand their ground only by the exercise of an intense will power, commanding the system to hold its ground and suppress all expression of the fear which everywhere pervades it. The desirable attitude is the opposite one, which secures an interior willingness and gladness on the part of the patient to receive whatever the doctor may have to offer for relief. In the condition to be avoided, the patient is expecting to be hurt and is braced to sustain injury. In the attitude to be desired, and secured if possible, the patient expects to be helped, and is willing to welcome in a warm-hearted and hospitable manner whatever measures are deemed necessary for relief. Fear kills more people than doctors, and there is no

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better opportunity of teaching patients the true philosophy of healthful living than in the practice of orificial work. When the patient can meet an expanding rectal speculum or a urethral sound of large calibre with non-resistance, he has taken the most important step possible in the direction of permanent recovery, and the physician or surgeon who hopes to be successful in the employment of orificial measures must acquire the art of helping his patients to this all-important essential of correct living.

The doctor who habitually persists in inflicting painful treatments upon his patients is a poor teacher, a poor doctor and will be a professional failure. Dilatation can be accomplished and all necessary treatments applied without discomfort when due consideration is had for the attitude of the patient toward the measures employed, and it is the doctor's business to see that his patient is in sympathy with him instead of in an antagonistic attitude, and if the patient cannot be brought into an attitude of non-resistance and of hearty sympathy and co-operation, the treatment contemplated would better be abandoned at the time, for it will do more harm than good. Anesthetics and anodynes may be required in such cases, but the repeated infliction of pain is to be carefully avoided, and when it cannot be overcome by suggestion and encouragement, and a helpful mental attitude, anesthetics, local or general, are always needed, if the selected measure seems essential to recovery.

Those who are anxious to perfect themselves along the line of suggestion are respectfully referred to a book called "A Mail Course in Suggestive Therapeutics and Hypnotism," by Dr. Parkyn, 4020 Drexel Boulevard, Chicago, which is probably the most practical and helpful treatise published upon suggestive therapeutics. Hypnotism is in every way objectionable, but a skillful employment of suggestion is absolutely essential to success in the practice of medicine, especially with the chronically sick, and in no form of treatment is it so necessary as in the practice of orificial surgery.

The physical preparation of the patient for an orificial operation is a matter of equal importance. It must be remembered that in all chronic cases the sympathetic nerve force has been inadequate to the demands upon it, otherwise they would not be chronic cases, this fact being the basis of the orificial thought. The ashes of the continuous organic systemic and universal catabolism, have been imperfectly removed. The death of cells has been everywhere kept up, but their little corpses have not been thoroughly removed by the kidneys or the alimentry canal or the sudoriferous glands or the pulmonary system. All of these funeral trains have been incomplete in their work so that the bodily debris is heaped up more or less conspicuously in every part of the body.

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Restoration to health requires more perfect operation of the sewerage system and the clearing up of all the debris and the reason that orificial surgery is of service in the cure of the chronically sick, is because of its ability to flush the capillaries of the entire human body, start the activity of every organ, stir up all of its waste products and dump them into the sewers for renewal. But in that fact, also, lies its danger.

The stirring up of the waste of the body involves clogging the sewers with more debris for the time being than they are capable of disposing of. It frequently causes diphtheria, malaria and other infectious diseases to plough up the streets and disturb the soil of a country town. In any long-neglected room it raises a dust to sweep, and on exactly the same principle does a sudden flushing of the capillaries stir up bodily debris. The harm to a country town if its streets must be ploughed, is materially lessened by cutting, drying and burning all weeds and superficial debris preceding the turning of the soil. In the cleaning of a room it materially lessens the dust raised by the broom if the shovel and sprinkling pot be called into requisition before the sweeping. In the same way will the general disturbance resulting from an orificial operation, and its consequent danger, be materially lessened by the employment of other measures which will flush capillaries, but not so vigorously.

A well balanced doctor is not a one-idea man, but should have at his command a variety of measures which act upon capillary circulation. One of them is drugs and one of them is massage, one of them is osteopathy, one of them is baths—Turkish, ocean brine and other systems of bathing by which extremes of heat are followed by extremes of cold. Another measure is spinal fomentations followed by alcohol rubs. Another one is physical exercise. Still another to intravenous transfusion of normal salt solution. The most powerful, perhaps and the one least appreciated, is abdominal respirations combined with calisthenics or what is known as the Keating system of cure, and if you have'nt Keating's book you ought to have it. Another is daily colonic flushings by which is accomplished flushing of not only the alimentary canal, but also of the kidneys and sudoriferous glands. By any or all of these measures should the circulation be systematically boomed and stimulated until the removal of the debris and the cure of the case is carried as far as possible. Then will come the use of sounds and rectal plugs and other forms of orificial dilatation, including perhaps, sitz baths and pelvic massage. If by all or any of these measures the cure of the case can be accomplished, well and good; if not, then the patient is a proper candidate for orificial work under an anesthetic, and he is in the best possible condition for the work, for his body has been cleansed, to a certain extent, of its debris, so that the general disturbance of the body will be

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reduced to a minimum and all that is left to be accomplished is to restore the organs to their proper rhythm in order that the harmony of health may be once more felt throughout the bodily organism.

The question of the harmony of the organs or rhythmatic vibration of each one at its own rate of speed, is a more important factor in the history of mankind than has been recognized, and the great value of orificial work to the world is to restore the proper rhythm to organs when it has been lost and it always has been lost in chronic cases. A mere glance is sufficient to convince any reasoning man that each of the organs has its own rhythm in the bodily harmony. The lungs work automatically under the agency of the sympathetic nerve, perhaps sixteen times a minute; the heart and arteries throb at the rate of sixty-five or seventy times per minute. The rhythm of a normal bladder varies from two to four times a day; the rhythm of the rectum makes it active at least once in twenty-four hours; the stomach has a two or three-times-a-day habit for the performance of its functions, according to education; and so on throughout the entire system. Vibration is the expression of *life* for the entire body and for every part of the body, and health is harmonious vibration and ill health is nothing more or less than organs vibrating out of tune.

As the rythm of the body, not only as a whole, but in all its parts, is dominated by the sympathetic nerve, it seems but a mere matter of common sense that great care should be taken that the sympathetic nerve should be carefully rescued and preserved from undue impingement, irritation, or unnecessary exhaustion. That the pelvis is the great sympathetic telephone which regulates sympathetic rythm for any and all the organs of the body, is a disclosure emanating from the orificial philosophy. Its truthfulness is beyond question and a recognition of the fact should speedily become universal.

But the fact that pelvic work is not merely local in its action, but affects respiration and the circulation and consequently the functions of all the organs of the body, renders it an edged tool which should be handled with great care.

It seems more or less fanatical to take the extreme position that all human beings must be placed under an anesthetic and undergo surgical work in order to run the race or life healthfully and happily. At the same time, it should be a matter of great consolation to know that when bodily harmonies have been disturbed and chronic sickness in some one of its types lingers and refuses to yield to less formidable measures, the appeal which orificial methods are capable of making to the sympathetic nerve is sufficiently energizing to secure the boon of health impossible without it.

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The object of the present paper is simply to give the operative procedures in orificial surgery their proper places as a last resort in chronic cases rather than to bring them into popular disfavor by resorting to them too speedily and easily without due respect to other measures, all of which are exceedingly helpful when selected by wise and unprejudiced judgment. With this conservative position, there will still be an ample scope for orificial surgery to a sufficient degree to keep us all busy, and the work will be honored by our employment of it, instead of being brought into disrepute.

In brief summary then, I would say that the surgeon should be sure that his motives of action toward the patient are solely for the good of the patient; this in order that his judgment may be as valuable as possible. In the next place, that whenever possible, the hearty hospitality and co-operation of the patient in whatever is done for his help, should be secured. In the third place, surgical methods employed in carrying out the orificial philosophy have such a profound action upon the whole body, that if the system of tne patient is extremely sluggish, it is liable to stir up the debris faster than it can be carried away and consequently, as preparatory work, wherever it is possible, other measures should be used, which also flush capillaries only to a less degree, in order that the waste may be stirred up by a slower process, making it within the power of the bodily sewerage to dispose of it as fast as it is aroused. When this has all been accomplished, then the real cure, which is the relief of all sympathetic nerve terminals from impingement and the re-establishment of the normal capillary circulation on a permanent basis can then be employed with extreme success and consequent satisfaction.

The orificial philosophy is true and much can be done with it without surgical interference, but surgical interference will be required in spite of all efforts to avoid it in a multitude of cases. It will not be necessary for those who believe in orificial surgery to oppose the advent of new measures of healing for they will never be called upon to lose their faith in the efficacy and power of and the necessity for the applica tion of orificial principles in numberless cases so long as the construction of the human body is conducted after the plan which has always been followed. Orificial Surgery is a rival of no other measure and none other can take its place. On the other hand, it should not ignore the services of other measures or become arrogant or conceited or offensively obtrusive. It should find its place among therapies and keep it. Its merits render it indispensable and it can well afford to wait. It does not need to crowd or push or obtrude in any case upon any occasion. It can cure multitudes of cases that no other measure known in human experience can touch and its position in the ranks of competent

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physicians is already assured. It can, therefore, wait to be summoned, wait until it is wanted, wait until it is begged for and then it will be sure of its welcome and also sure of its success.

I am not pleading against the early employment of sitz baths or the use of sounds or rectal plugs or colon flushings or any other method of appeal to the sympathetic terminals of the pelvis whenever they can be found serviceable, and I am not pleading that any of these measures of treatment shall be resorted to reluctantly or hesitatingly or as a last resort. I am simply urging that in all operative procedures of an orificial nature under an anesthetic for radical work, of whatever type, that the decision to employ it shall be a ripe one and not premature. Let orificial treatment come as early as you like in any case, appeal by any measure in your power to the sympathetic terminals in the pelvis and flush the capillaries in a simple and painless way all you choose, but do not operate under an anesthetic until you are well assured that it is the proper and hence the only thing to do. Use *treatments* early and often, but be cautious with your *surgery*, and when you do it, do it well.

URETHRITIS IN WOMEN.*

BY E. STILLMAN BAILEY, M. D., SENIOR PROFESSOR OF GYNECOLOGY AND OBSTETRICS IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

(Digest.)

The following facts concerning the anatomical construction of the female urethra warrant a short review before proceeding to the consideration of the subject of this paper.

1st.—Anatomically considered the female urethra is a short tube, scarcely more than an inch and a half in length.

2d.—Its caliber is larger than in the male.

3d.—In the normal state it has but a single curve — very slight — the most constricted point is the external part, or meatus. The funnel-shaped expansion is made up of a series of folds.

4th.—It is capable of great dilatation; it is anatomically so situated as to be protected from direct violence; occasionally it is deformed.

5th.—It is peculiarly exposed to septic inflammation.

6th.—It is often traumatically injured during the second stage of labor.

7th.—It is occasionally the location for malignant growths; it is also the primary focus of tubercular diseases in a few cases.

8th.—The physiological function of micturition, the urethra sharing in this function, is (a) slight protection against disease; and (b) a

* The Homeopathic Medical Society of Chicago, Dec., 1901.

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source of great irritation when diseased and a cause of extreme suffering.

Urethritis in the female is considered under these heads:

First, as resulting from some form of infection.

Second, it is caused and aggravated by some abnormal change in the urine.

Third, traumatic origin.

Fourth, malignant and tubercular growths, and

Fifth, non-malignant growths.

The conditions noted under these heads are both of the acute and chronic character. Acute urethritis of an infective character is often caused by gonorrhea. In the statistics that I have been able to gather I found the following facts presented:

In one hundred cases of gonorrhea of the female genitalia discovered as such by symptoms and confirmed by microscopical examination, gonorrheal urethritis was present in every case. In twenty-eight per cent. of these cases, when the gonococcus had disappeared from the vaginal discharges, as studied by the microscope, the gonococcus was discovered in the urethral discharges and in a list of over three hundred cases collected, when the clinical symptoms of gonorrhea in the female had been declared cured, eight per cent. had gonococci in the cervical discharges. (Hyperacidity of the urine may cause symptoms easily mistaken for urethritis.)

The communis coli and a mixed form of infection are the next in importance in the etiology of urethritis, the former, however, being also a frequent cause.

I have little in the way of adding to the symptomatology of acute urethritis, except to place a renewed emphasis on the necessity for examination of the glands about the meatus for these become rapidly infected and swollen and retain the gonococcus far into the chronic state, and notably is this true of Skene's glands. The suggestion is made that it is unwise to examine, instrumentally, the highly inflamed mucus membrane of the urethra during the acute stage of urethritis because the protective covering of the epithelium is badly diseased, and that each new fracture of its continuity becomes a new focus for renewed infection and a cause of increased pain.

I should add a new characteristic as regards the description of this pain one finds in urethritis. One of my patients replied to my inquiry as to the character of the pains during the acute stage of gonorrheal urethritis by saying, "I did not mind the vaginal infection part, but the pain on passing urine was always something 'fierce.'"

It is not necessary to repeat the well known literature concerning the

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treatment of the acute stage, but we each have our individual preferences, and here is mine in the way of conducting the treatment: My first prescription internally is either aconite, cantharis or iodoform. The latter I give in tablet form, preferably in the 6x trituration. As the urethritis passes into a more chronic form and blends with a cystitis I find the remedy decidedly efficacious.

Locally, I use a 1 per cent. solution of lysol, applied to the swollen and pouting mucus membrane of the meatus urinarus, by the aid of an atomizer, the spray being directed so as to thoroughly wash the crypts and folds without bruising them. I frequently apply, after this, a tiny bit of absorbent cotton along the canal wet with a 10 per cent. solution of cocaine, and give for a topical application to use, *ad libitum*, the boric acid powder.

I suggest that while this treatment is palliative it very probably lessens the frequency of the micturition during the acute stage fifty per cent and thus gives the patient much comfort. I require rest in bed if possible and believe in hot sitz baths, a simple but effective palliative measure, and a prolonged hot sitz bath with the temperature at 110 to 120 Fahr., maintained for thirty minutes at each sceance is often a therapeutic luxury in urethritis cases. I have no harsh remedies to suggest, for every harsh treatment is a hurtful treatment. I believe also in the injection of large quantities of water and have added to each quart of water one tablespoonful of soda bicarbonate.

The symptoms of urethritis are many and they are sometimes so intimately associated with disease of the generative tract that they are frequently overlooked and thus neglected. Here are some that need to be remembered:

Pain in the back; pain in the thigh, localized like sciatica; bearing-down pains, simulating uterine displacement; lumbo-sacral; hypogastric pain; pain in the rectum and in the vagina of a burning, heavy and bearing-down character; tenesmus, simulating rectal diseases; frequent micturition as in uterine prolapse.

It has been my method, in practice, in all gynecological cases to make inquiry concerning the vesical symptoms and frequently have been rewarded by the discovery of an overlooked urethritis, or cystitis, that has greatly complicated affairs.

Let me illustrate this in a clinical way. Mrs., age forty-four years, had a deep, cervical, bilateral laceration, cystocele and rectocele. The gynecologist recommended trachelorraphy and other plastic surgery. The symptoms of which she complained were just such as could be expected in the conditions above mentioned.

But she also had a very persistent and troublesome bladder disease,

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calling for frequent micturition, ten to twenty times a day and half as often at night, and the pains were often "fierce," too. She complained of intense burning; the parts seemingly being on fire. Patient had suffered for four years. Oftentimes, summer or winter, great beads of cold perspiration coming with each desire or call for micturition. She had had bladder irrigations of all forms and character; often having to be carried home in a carriage after an intra-vesical treatment at the office.

From the long continuance of her great agony the patient was sure the cause of the suffering had not been correctly determined and asked my aid. I found just within the meatus a fissured urethra, intensely red, inflamed and containing pus. It was localized as it might have been in an anal fissure. When touched it almost developed convulsions. After thoroughly cocainizing it, it was carefully examined and by the aid of a strong reading glass I found a patch of the urethra, just within the meatus, inferior surface, the size of a buck shot in diameter in which the epithelium was denuded. Two furrows were found, dipping deeper, and in these were a few granules, exquisitely sensitive, and with surface raw and swollen, like a granular cervicitis.

As many months of local treatment had been given her without avail and this little isolated patch seemed to be the focus of the "fierce pains," I applied galvanism by using the needle as in removing superfluous hair, directly into the center of the inflamed papilla or granules, and with immediate relief and a complete cure in less than a dozen treatments. It was a very remarkable restoration to health and to her family; for it often occurs in cystic disease of an inflammatory nature, the patient is enveloped in melancholia which is felt by those who are intimately associated with her. In her recovery, notwithstanding the condition of the generative organs all the pelvic pains have disappeared, including also a reflex nausea and persistent headache.

I have, also, been fortunate in relieving a patient with an infected urethra left her after catheterization following an operation for hernia. The localization by cystoscopic examination was just within the funnel-like expansion of the so-called neck of the bladder, and by the collapsing walls following urination, the area of inflamed tissue was practically folded upon itself.

This case was fully as painful as the one just reported—possibly more so—as the irritation of the first few drops of urine from the ureters would bathe the parts and excite the sphincter vesicæ to spasmodic contractions.

Treatment was by using one grain of permanganate of potash to one quart of water, siphoned in and out of the bladder, three times each

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week; as improvement followed, twice per week, and then once. I used stigmata madis very freely as the internal remedy with fine results. This patient is fifty years of age and has a returning glycosuria which seemingly is the cause of her relapses, occurring about every eight weeks. Her present condition, following three months of my treatment, is a very marked improvement, but as yet not a cure.

I beg permission to simply refer to some of my cases of gonorrheal urethritis, selecting two cases, that of a mother, aged 22; and that of her child, aged 3 years. The husband and father came to my office fifteen years ago, laughing as he repeated a trumped up story regarding a severe case of gonorrhea he was then having. The case was as severe as anything I have ever seen and he assured me his family might come also. I was then prepared to see the wife, a few days later, but her anxiety was for her little girl who had become infected from using the filthy towel. Placing the three year old girl on the table the mother pressed from the genitals more than a teaspoonful of pus. The urethra was badly involved, the filth contaminated the vagina and rectum and the little one had this trouble most all the time until she was 7 years old. She, almost all of this period of time has suffered from gonorrheal ophthalmia.

The mother in this case had a severe form of urethritis following this infection, which, to my certain knowledge, has lasted all these years. The details are too long and too disgusting to relate but the facts reduced are these:

Infection during the acute stage in the husband; one year of recurrent infectious attacks of gonorrheal inflammation; pelvic and tubal complications, including hemorrhages; the presence of pus in the urine for years; induration of the meatus and thickening of the urethra in its entire length. (This is the condition now.) Spasms of pain during micturition, and during the past summer I saw her in a state of collapse from a retention of urine, due to a closure of the urethra, a condition she has frequently had during all these fifteen years.

The acute symptoms seemingly subside, as in the majority of such cases, but the fact of reinfection—again and again—caused such change along the urethra as to leave definite pathological conditions that time has not materially modified and which periodically are aggravated. The causes of the returning relapses being trivial, oftentimes, such as fear, worry, work, colds—mental emotions are almost always followed by cystic symptoms.

I could report many cases of the acute varieties but the chronic forms are too often neglected, or overlooked, and the real causes are slighted at the time and these subsequent manifestations are but the legitimate results of neglect.

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Among the Journals.

SURGICAL ANESTHESIA.

Dr. Henry W. Roby (*Medical Arena*) delivered an address on fhe above subject at the opening of the Kansas City Homeopathic College. It is full of beautiful word pictures and we present the greater part of it to our readers:

In all the ages of which we have any account men have dreamed of lethal conditions as a relief from pain and other forms of suffering, and various substances endowed with lethal properties, in a greater or less degree, have been used by the world in all ages for the purpose of subduing pain. The Greeks and the Scythians and the old Egyptians had their Nepenthe, the Hindoos had their Hashish, the Greeks their Morian, the Jews their Mandragora and their wine of myrrh, which, mingled with vinegar, they gave to Christ on the cross to lull his pain. Theodoric blended opium, belladonna, hyoscyamus, mandragora, hemlock, ivy and lettuce for surgical lethal purposes in surgical work. Ever since the discovery of alcohol and its various cogeners, men have used it to lull pain and soothe suffering.

It is a curious thing that what is in the universal dream of men, is somewhere and sometime found to be a reality of creation. The great dream of surgical somnolence was in the air and in the brains of men and their eyes were turned in all directions in search of it. In field and laboratory ever since the mythologists pictnred the lethal river in Hades, men sought for it on this good planet of ours.

Under the deadening and dangerous stupefaction of opium and alcohol, men, women and children were lashed to benches, and strong men held their quivering limbs, when an amputation had to be made, and the scene was as horrifying as a bloody massacre by merciless savages. And yet, great-hearted men heroically did all that science could suggest, in the vain hope of mitigating the awful suffering of their fellow mortals.

Emerson says: "We are all impressionable, but some more than others." This explains the curious contemporaneousness of inventions and discoveries. The truth is in the air, and the most impressionable brain announces it first, but all will announce it a few minutes later.

And so it was with the discovery of anesthesia. An untold number of men were dreaming the same dreams as Morton and Wells, and Jackson and Simpson — the same dreams that Sir Humphrey Davy had dreamed in his day and told in his laboratory. But when, like a flash

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of lightening, the illumination came, Morton, by a subtile affinity with nature, stood with his face toward the shekinah, and to him was first revealed the new gospel that pain had met its master and acknowledged his kingship.

Like the sun and stars, that discovery at once belted the earth, and men in all quarters of the globe hastened to acquaint themselves with the new messenger of peace.

Up to that hour men prayed for death when accident overtook them. Strong men wept like helpless children at the sight of their loved ones in the grasp of pain's inquisitors. The mother prayed for her child, and then often went mad when her prayer was not answered. Few men could be found who dared to be surgeons. Their mission was too cruel and appalling for endurance.

Amid ropes and pulleys and the combined strength of strong men, dislocated joints were dragged back into position, amid the most frightful screams and lamentations, and shrieks and groans of patient and friends.

But what a glorious day was that Friday, fifty-five years ago today; it inaugurated one of the greatest epochs in the world's history. When the usual hour came for the morning operations in that old Massachusetts general hospital, led by the ever glorious dreamer Morton, King *Somnus* walked into that crowded operating room and set up his kingdom on earth, wide as the rolling seas, and deep and round as the planet.

As Morton and the new monarch came in, there stood the lion hearted Warren, with knife in hand, ready to remove the tumor that disfigured the face and endangered the life of the patient. Six other doctors and a great amphitheatre full of anxious students were there to see if the impossible could be done; for they deemed it an impossibility then that all pain should be annihilated during an operation and the patient survive.

Morton came late. He had worked until two o'clock the night before on his inhaler, and with the dawn was up and off to the instrument makers to have it finished. The work dragged, and the doctors and the spectators became impatient and incredulous, and at last Dr. Warren lost his stock of patience and said: "As Dr. Morton is not present it may be as well to let the operation go on in the usual way." But at that fateful moment, Morton walked in with his inhaler and gave the ether. In a few minutes he said to Warren: Your patient is ready, doctor.

And amidst the most profound silence that ever pervaded that old operating room, Dr. Warren swept the knife around the base of the

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tumor. But there was no scream, no groan, no pleading for mercy, no prayers for death—all was silent as the grave. Men held their breath in astonishment. The swift knife completed its work amidst profound silence, and the eager eyes of men who gazed on that wonderful scene filled with tears of gladness and gratitude. The dream of the ages was realized.

The hot blood leaped from the wound, but the patient lay still and smiling like a sleeping child in its mother's arms. And from that hour of triumph the science of surgery grew to be the grandest of all human vocations.

It has been victorious on more fields of contest than all the warriors whose feet have pressed the planet. Did you ever attempt to estimate the world's debt to surgery? Did it ever occur to you that every war is a campaign against life and limb? That every battle is a slaughter, and a grim two-sided one at that? It is an appalling fact, that the world still lauds and magnifies a man who leads an army to contest, whether he be victor or vanquished. And the greater the slaughter, the greater the glory to the victor. What vast array of names comes trooping through the gateway of memory as the mind runs back over the pathway of history, of men whose only claim to remembrance is that they led so many men in battle, and that of their enemies, so many were left dead on the field, and so many more were wounded. But by the side of every great commander, and by the side of every subordinate commander, rides the minister of physical salvation—the surgeon.

In camp and field and hospital, in battleship and fortress, he is indispensable, so much so that long years ago Homer sang:

> "The great physician skilled our wounds to heal,
> Is more than armies to the public weal."

In the great war of the rebellion there were 111,285 men reported killed in battle, and 507,911 wounded, on both sides, so that the surgeon had four times as many men on his hands at the close of a battle as the burial squads had. These 507,911 wounded were to be saved if possible for the commander to lead again to carnage, so that on the surgeon rested a tremendous responsibility. There is no way to estimate how frightful and apalling the mortality would have been if there had been no surgeons in any of the armies.

There is a fair probability that more men in peril of their lives were saved by surgeons than were destroyed by battle and disease. There is no possible way of determining just how many men died without the aid of surgery. But many of them must have done so, and many, very many of those were saved through the blessing of anesthesia and would

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have died from shock without it. There is no way of determining in time of peace how many among our seventy odd millions are daily injured and require surgical aid. But the list would be very large could we make the tabulation, for about 4 per cent. of all the deaths in the country are from accident.

When we take into account the fact that upwards of 48,000 people die annually in the United States from accidents, and that probably twenty injured people recover where one dies, we may estimate that a million people in the year have need for the surgeon for accidents alone, and a large number of those need anesthesia during some part of the treatment. Then, we must note the great army of people, whom no man can number, who require surgical operations for the removal of false growths and the correction of deformities.

Materia Medica and Therapeutic Hints.

On the Value of Antitoxin in Diphtheria.—1. It is now almost generally admitted that the diphtheria antitoxin antagonizes only the diphtheria toxin; and

2. It is now almost generally admitted that the amount of toxin in a person suffering from diphtheria is an unknown quantity, and

3. It is now almost generally admitted that the phenomena of diphtheria in the (clinical) sense are induced by bacteria and their toxins other than the Klebs-Loeffler bacillus, and

4. It is a demonstrated fact that many cases of clinical diphtheria are not specifically Klebs-Loeffler in character, and that a great many Klebs-Loeffler diphtherias are barren of all clinical evidences of diphtheria; therefore,

5. It may be asserted that on so-called scientific and clinical grounds (only the uncertainties of individual resistence in the human subject, the unknown quantity of the disease toxin, the known diminishing quantity and quality in the antitoxic serum, and the arbitrary dosage given by different administrators), as well as for clinical reasons (the impossibility of giving the remedy early enough and before the toxin can do its harm, for antitoxin is powerless against damage already wrought), that antitoxin is practically a remedy of very limited utility, and that the enthusiastic believer aims his variously loaded syringe at a vanishing possibility.—Conclusions of a paper by Dr. Adolf Ruff, of New York, in the *Medical Record* of Aug. 31, 1901.

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THE MEDICAL VISITOR

WILSON A. SMITH, M. D., EDITOR.
GEORGE R. HENNIG, BUSINESS MANAGER.

JANUARY 1st, 1902.

[The editor of THE MEDICAL VISITOR is not responsible for any opinion expressed by its contributors. Everyone has a cordial invitation to contribute upon any subject connected with medicine or allied sciences. We believe in a broad medical platform, and the only restriction is that contributors shall be free from all personalities.]

Articles for publication, books for review, exchanges, etc., should be sent to the editor, Morgan Park, Illinois, and all business communications to the Business Manager, 95 Wabash Avenue, Chicago, or Lansing, Mich.

Editorial.

CLEVELAND FOR 1902.

The selection of Cleveland for the coming meeting of the American Institute will, we believe, meet with the approval of the entire membership. The choice of that city was unanimous so far as we have learned.

While the majority of the committee inclined to the selection of a place away from the noise of a city the letter of President Wood and Secretary Gatchell explains the only reason for giving up the personal choice of every member of the executive committee. The personal feelings of comfort at a watering place were not considered, but the only point upon which the decision was arrived at was "What is best for the American Institute?" Put-in-Bay offered many attractions, but when the means to reach the place were considered, the difficulty of securing prompt connections, the dangers of storms and rough passages made it seem as if but a few of the many members would attempt to cross "the stormy deep" even to be present at a meeting of the Institute and so, reluctantly, the committee gave up the idea of going to that pleasant place and considered the location which offered the greater inducements by way of transportation.

Cleveland is one of the cities in the west well provided with railway access; it has numerous hotels varying in price to suit every member; it offers many attractions by way of trolley-parties and lovely scenery; it is a homeopathic city and it deserves this meeting of the American Institute more than any other place we know unless it were taken to the Pacific coast, which is too far away for consideration, at the present time.

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More prominent among all else, however, is the press facilities of Cleveland. In a "Book" we read "neither do men light a candle and put it under a bushel," and so we will meet where the members who present scientific papers will be sure of an audience, not only the one in attendance at the meeting but throughout all the universe covered by the reports of the Associated Press. This of itself is of sufficient importance to recommend the choice of the committee above all others.

As we stated some time since, we are not yet far enough along in evangelizing the world, if we may be permitted to use that expression, to go where the printing press is hard to reach. We need to do a great work in this matter of missionary efforts and in no place can this be done better than in these cities unexcelled for their press facilities.

We feel that this meeting of the American Institute will be the best we have held in years so far as scientific work, and attendance is concerned. Begin to get your paper ready now.

"SHOULD AULD ACQUAINTANCE BE FORGOT?"

At the coming meeting of the American Institute it is proposed to enlist the interest of all the homeopathic colleges and have them arrange for college reunion. There are twenty-one Homeopathic Medical Colleges throughout the United States, and outside of the two in the far West, the one in Denver, the other in San Francisco, the city of Cleveland, where the meeting will be held in June, is as near a central point for such a series of meetings as it is possible to select, and hence will be easy of access to the East as well as to the West.

It is the plan at the present time to have headquarters at the Hollenden Hotel for each college, and there the alumni will repair and register, obtain the button or badge of his alma mater, find where classmates and schoolmates are, and thus renew old acquaintance which have remained among the pleasant things of this life long after college days have closed. One evening during the week, just which is not yet determined, there will be a conclave of all the colleges. On this special occasion the Cleveland Homeopathtc Medical College will be the host, and on that evening old college songs will be indulged in, reminiscences will be related, care will be thrown to the wind, and Time will turn back its dial to "make us boys again, just for the night."

It is believed that this feature will have the tendency to bring out a larger number of the alumni of all the colleges than has ever been present at any single meeting of the Institute and thus increase, not only the interest of each alumnus in the society but also renew his or her affection for *alma mater*. This part of the program for Cleveland

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meeting in June, is being taken care of by Dr. J. Richey Horner, one of the most capable organizers in the Institute, a man who is loved by all who know him, and one whose popularity is unbounded. That it will be a success in the largest sense, with Dr. Horner at the helm, there is no question.

And now then, "boys and girls" let us begin at once and see to it that every member of *our* class, who is at present among the living be urged to attend this reunion, and if not willing to join the Institute *join us* in a renewal of an "Auld acquaintance" that should not be forgot. Make this your summer holiday; make it the season of this year for you, make it an event in your lives which will remain as fresh as has the time when sitting before the rostrum, we looked up with a proud feeling in the heart to think that one of the diplomas held by the president of the Faculty was ours.

It is but twenty-two years since we left the halls of the old Homeopathic Medical College of Missouri and yet among that faculty all are gone but Campbell and Foulon. Uhlemeyer, Parsons, Walker, Spalding, Edmunds and others have joined the great majority. Let's have a reunion of the living before too late.

DR. FRANCIS E. BOERICKE.

The following notice of the death of Dr. Boericke is clipped from the *Public Ledger* of Philadelphia:

Dr. Francis E. Boericke, a prominent homeopathic pharmacist, died on Tuesday, Dec. 18th, 1901, at 6386 Drexel road, Overbrook, aged 71 years. He had been an invalid for the last fifteen years.

Born in Glauchan, Saxony, in 1826, Francis E. Boericke came to this country during the Revolution of 1848, and made his home in this city. His father was a prominent manufacturer and exporter of woolen goods in Glauchan. Soon after his arrival here the young man obtained a position as bookkeeper with Plata, at Fourth and Chestnut streets, a well known dry goods merchant and the Saxon Consul. Following this he became a partner in Andre's music store in Chestnut street. In 1852 he joined the Church of the New Jerusalem, and opened a store where religious books were sold in Sixth street, below Chestnut. A year later he was induced by Dr. Constantine Hering to turn his attention to the preparation of homeopathic medicines, and by his proficiency and industry soon gained the confidence of leading homeopathists in the country. In 1854 he married Miss Eliza Tafel, and in 1869, associated with himself in the pharmacy business as a partner Adolph Tafel, his

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brother-in-law, who had retired from the Civil War with the rank of Major.

Dr. Boericke was graduated from the Hahnemann College in 1863. He received a scholarship and delivered lectures on pharmacy for some time. In 1864 he added to his business an establishment for publishing homeopathic works, and soon enlarged his trade by establishing branches throughout the country. In 1895 Major Tafel died, and after that the firm consisted of Dr. F. A. Boericke, and Adolph L. Tafel, sons of the original founders.

Dr. Boericke is survived by his widow and nine children.

When a better method for the treatment of the sick is discovered than now employed by homeopaths there will be found no other physicians more willing to adopt it than homeopathic physicians, but they will not accept the dictum of any one without clinical verification, and especially those allopathic physicians, who are noted all over the world for their famous discoveries. It must be delightful reading to those quasi-homeopaths to read of the new (?) application of certain remedies, like pulsatilla in orchitis, rhus tox. in rheumatism, bryonia in coughs, hepar sulph. in abscesses, which the allopaths have dug out in the last twenty years. This apropos of the serum-therapy, which is not scientific, and is contrary to the recorded belief of the old school itself in its contention that there are practically no specifics. Whether a woman has gastric derangement, or uterine affection, if nervous trouble or rheumatism, if she is better in the open air, cries while telling of her condition, is worse in the evening and feels chilly, pulsatilla is the remedy that is a specific, but it is a specific only for these symptoms, not for a disease.

What the future holds for the practitioners of medicine and surgery depends very largely upon the practitioners themselves. Under a state-rights system, which would have turned the head of John Calhoun in the days of his greatest activity, the Chinese wall of medical legislation has caused the profession to be doubted by the common people. And, why not, pray? We say that the secretary of our State Board of Health does not know enough to practice medicine in New York unless he takes an examination and we are ready to wager a snug little sum that we can ask him questions in anatomy and physiology, in chemistry and surgery that he cannot answer correctly. That is New York's estimate of Dr. Egan and of every man who practices medicine in Illinois. Let us do away with such contemptible laws.

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It is really interesting to study the scientific reason given as the cause of the tetanic attacks occurring in St. Louis and tetanus resulting from vaccination in Camden, N. J. In St. Louis, where the municipal authorities manufacture the antitoxin, the cause of tetanus attacks was the use of a serum drawn from a horse, uncleanly kept, the serum non-scientifically put up, etc., *ad nauseam*. But in Camden, may the good Lord deliver, all the virus came from scientific houses, and, of course, it could not arise from ill and unclean surrounding, and such, but from tetanus germs in the air.

Oh my! Oh me! Why will those pestiferous germs live in the air at Camden and only in a horse in St. Louis. Isn't that a "horse on some one?"

News Items and Personals.

Dr. W. H. Clippinger has moved from Convoy to Mercer, O.

Dr. R. A. Buchanan (Cleveland, '01) is flourishing at Lima, O.

Dr. H. B. Faulder (Cleveland, '01) has located at Wapakoneta, O.

Dr. F. H. Anthony has moved from Wapakoneta, O., to Chicago.

Dr. J. C. Fahnestock of Piqua, O., contemplates writing another book.

Dr. A. A. Mackintosh (Cleveland, '01) is pleasantly situated at Martin's Ferry, Ohio.

Dr. C. E. Hetherington (Chicago Homeopathic, '01) has located at Piqua, O.

Dr. E. O. Willoughby (Cleveland, '01,) is pleasantly located at Dayton, O.

E. J. Siegmund (Chicago Homeopathic, '01) has decided to locate at Wapakoneta, O., instead of Huntington, Ind., where he first intended to practice.

Dr. F. E. Downey, Clinton, Ill., who has been treasurer of the Illinois Homeopathic Medical Association died early in January in Hahnemann Hospital. He was president last year.

Dr. J. A. Ferrel (Cleveland, '01) is enjoying a nice practice at Sidney, O. By way of encouragement his father-in-law presented him with a fine two-story brick residence situated at the corner of two prominent streets.

Dr. F. A. Benham, formerly of La Grange, Ind., has removed to Ligonier, Ind., having succeeded to the practice of Dr. G. A. Whippy that city. Dr. Whippy is now practicing with his father, Dr. W. A. Whippy of Goshen, Ind.

Dr. and Mrs. Samuel Parker Hedges have sent out cards announcing the marriage of their daughter, Grace, to Mr. Francis James Martin on Dec. 23, 1901. The Medical Visitor extends best wishes to the daughter of its old-time friend.

Dr. E. L. Biggs, one of the brightest young men who ever left a medical college has hung out his

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shingle at Hot Springs, Ark., and will give especial attention to cases referred to him. He was, formerly, a student under Dr. V. H. Hallman of that famous *Spa*.

In Toledo a young man was fined $25 and costs for practicing dentistry without a license. He claimed to have applied for a license and said he was tired waiting for the State Board of Examiners to take action on his application.

Dr. B. W. Dawley, formerly of Chillicothe, Ohio, has a fine practice in Toledo, where he occupies a commodious suite of offices in a modern office building situated at the intersection of two prominent streets.

Dr. Theo. Zbinden (Ann Arbor, '01) has located in Toledo, O,, his home, and is assisting to take care of the extensive practice of his father, Dr. Christian Zbinden. They have opened a suite of offices in the business center of the city and still retain their former office at their home in the residence section.

Dr. C. A. Miller, one of the most prominent physicians in Mercer county, was found dead in bed at his home in Greenville, Pa., Nov. 21, 1901. Dr. Miller was born in New Castle, Pa., August 3, 1857; graduated from the Pulte Medical College, Cincinnati, and began practice in 1882. He is survived by a widow and two daughters, Edith and Eva.

Dr. L. M. Bunnell (Cleveland, '99.) recently finished his term as interne in the Homeopathic Hospital of Rochester, N. Y., after which he made a tour of several states and finally decided that Adrian, Mich., would be a suitable town in which to locate, and he has decided to give the citizens of that place the benefit of his remarkable professional skill.

We regret to announce the death of Dr. John A. Gann, of Wooster, Ohio. He was one of the most prominent homeopathic physicians in Northern Ohio. He had lived in Wooster for many years and had a fine practice. He was the preceptor of Dr. Monroe Manges, of Buffalo, N, Y., and several other Buckeyes who have won laurels in the practice of medicine in other states in which they have located.

Dr. Joseph H. Drake, of the Drake Sanitarium, Des Moines, Iowa, is suffering from a severe accident in which the patella of the left knee was dislocated, and the left hip badly bruised, two ribs fractured and other minor injuries. Dr. C. E. Holloway of Des Moines, and Dr. F. J. Drake of Webster City, are in attendance, and report the Doctor recovering as fast as could be expected.

Dr. Howard Crutcher has been appointed Consulting Surgeon to the Chicago & Alton Railway Company, headquarters in Chicago, reporting to the general superintendent. Dr. Crutcher assumed the duties of his position on the first of January, 1902. We are pleased

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that this distinction should have been won by an old friend and contributor of THE MEDICAL VISITOR.

The secretary of the Pulte Medical College has information regarding two locations. Dr. F. A. Morrison, Urichsville, Ohio, recommends Rock Creek, Ashtabula county Ohio, as a good town of 760 inhabitants, good schools and churches, and the homeopathic sentiment well established. Mr. Z. Y. Crane, Decatur, Illinois, is in possession of information respecting a long established homeopathic practice in central Illinois.

Drs. Edgar G. Davis and Edward Clark Streeter have opened a laboratory at 70 State street where examinations of pathological specimens of various kinds, such as sputum, blood, curettements may be left. Associated with them is Dr. Clifford Mitchell who will continue his work on urinary analysis. We are glad that an opportunity is now offered members of our school to have all such examinations made by those who are capable and who are in sympathy with us.

The fervent prayers of Christian Scientists failed to save the life of Lee H. Wagar, mayor of Rocky River, a suburb of Cleveland. During his illness he had no medical aid, relying wholly upon the alleged efficacy of the prayers of his fellow believers in Christian Science. Because of the fact that typhoid fever is fatal in such a small percentage of cases, the death of Wagar has aroused considerable feeling among the people of Rocky River against the "faith" which he thought would save him.

Police, backed by Mayor Nelson, of Newport, Ky., in carrying out orders of the Board of Health, clashed with the public school teachers, backed by the School Board. Blue coats visited every school in Newport, sent home the children, who had already gone to the recitation rooms, and then mounted guard at the doors to prevent others entering. This was in pursuance of the orders issued by the Board of Health, closing the schools to prevent the spread of scarlet fever and measles.

During the year 1902, Mr. Robert S. Oliver, one of the eastern representatives of Halsey Bros. Co. and a special correspondent of THE MEDICAL VISITOR, will devote his time principally to New York and the New England states. Mr. Oliver will first visit Niagara Falls, and from there will proceed, calling upon the various physicians, to Boston. The editor will appreciate any courtesies shown to Mr. Oliver, and news items, and interesting doings of the profession will be gladly noted. Mr. Oliver will also accept subscriptions and receipt for the same.

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Societies.

The Connecticut Homeopathic Medical Society.

The semi-annual meeting of the Connecticut Homeopathic Medical Society, which also was a celebration of the fiftieth year of its work was held in the city of Hartford, Nov. 18th and 19th, 1901. Its first meeting was held in 1851 and thirteen years afterwards, 1864, it was incorporated by an act of the general assembly.

Dr. Charles E. Sandford,¶ of Bridgeport, the president called the meeting to order and Dr. Hills P. Cole read the minutes of the preceding meeting.

The names of applicants for membership were read and referred to the proper committee.

The first paper presented was:

"History of Connecticut Homeopathic Medical Society," by Dr. Alfred W. Phillips, who said in part:

The Connecticut Homeopathic Medical Society was organized fifty years ago yesterday. The homeopathic physicians of the state met at Hartford and organized the Connecticut Institute of Homeopathy. The pioneers who attended the first meeting were Jeremiah T. Denison of Fairfield, W. W. Rodman of Waterbury, W. C. Bell of Middletown, C. H. Skiff and E. T. Foote of New Haven, and C. A. Taft and George S. Greene of Hartford. Dr. Denison was elected president, Dr. Rodman vice-president, Dr. Greene secretary, and Dr. Skiff treasurer. It would appear from the records that at this first meeting no business of any kind was transacted other than the adoption of a constitution and by-laws and the election of officers.

Of the seven physicians who met and organized the society in 1851 none are alive to-day to join in this semi-centennial celebration. A little more than eighteen months ago, Dr. W. W. Rodman, the last of these pioneers, passed to his rest.

Semi-annual meetings were held in May and the annual meetings in November. From the first annual meeting in Hartford until the eighth annual meeting which was held at the Meriden House the members assembled in the office of some one of the members. In this way New Haven, Bridgeport, Hartford, Waterbury, West Meriden and Middletown were visited by the society.

As early in its history as its first semi-annual meeting the society expressed its interest in the national homeopathic organization, for at that time Dr. Skiff was asked by resolution to "inform the society if anything of interest occurred at the meeting of the National Institute of Homeopathy." At this same meeting Dr. Gardner S. Browne of Hartford and Dr. Lucian H. Norton of

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Bridgeport joined the society; in November, 1852, Dr. Keep of Fair Haven was added; and in November, 1853, Drs. W. E. Bulkley of Danbury, and Charles C. Foote and Paul C. Skiff of New Haven became members. I understand that after an absence of thirteen years Dr. Paul Skiff returns to the fold today and thus becomes virtually the senior member of the society. For length of years in continuous membership the palm must be given to our honored friend, Dr. Grove H. Wilson of Meriden, who joined the society in 1857. At the risk of being tedious I make mention of these names, for these pioneers ought to be held in grateful remembrance by us at this time.

Other interesting points concerning the gradual growth of the school in that state are noted in the historical paper, but one point of great interest is the following concerning diphtheria:

"In 1861 I find recorded the first discussion of that dreaded disease — diphtheria —(this was about the date that it appeared as an epidemic in different localities) among the laity taking the name from the section of the country where it prevailed, as the Albany sore-throat, Orange sore-throat, etc. The history and diagnosis, as well as the treatment adopted by the different members were fully detailed, and it was demonstrated that a physician having a knowledge of homeopathic therapeutics, accustomed to exact observation, may approach a new, or to him a strange epidemic, and be able to select the appropriate homeopathic remedy. Letters were read from Drs. Constantine Hering and Adolph Lippe describing their successful treatment, giving a partial list of remedies used, and indications for the same. In November, 1862, there was read at the meeting the celebrated order of Dr. Hammond, then surgeon-general of the United States army, to the surgeons of the army, that on account of the great injury done to the soldiers from the injudicious use of tartar emetic and calomel, no more requisitions for these drugs would be filled. At the time this order was issued I was on duty with the army of the Potomac and well remember the comments of the army surgeons."

After speaking of some of the ups and down of the society, how its interests were neglected by the physicians of the state, he refers to the annual meeting held in 1882 when "the attendance was larger than at any previous meeting, and an increased interest was manifest. In 1883 Dr. Foote exhibited in operation to the society an ingenious machine for potentizing medicines, which he claimed was absolutely accurate. The machine was made by himself and worked by being merely connected with a faucet having an ordinary pressure. At the twentieth annual meeting in 1884 an address was made by the Hon. W. C. Robinson, of the Yale Law School, upon "Medical Experts." At this same meeting it was brought

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out in a discussion that during a severe evidemic of diphtheria in Philadelphia in which the old school mortality was 50 per cent, and the homeopathic 15 per cent, three homeopathic physicians, Drs. Hering, Lippe and Reikel, lost no cases out of 240 treated by them."

It seems pertinent to inquire of our antitoxin friends if such a record, "240 cases without a single death," is really not a little bit better than one may hope for under the "scientific advances" made by bacteriologists and serum-therapists during the past twenty years?

The transactions of the society were not published until 1891. In 1888 the legislature of the State appropriated the sum of $20,000 for the building of a homeopathic hospital with the provision that an equal sum be raised by adherents of the school. The charter was accepted and the work taken up for erection of a hospital.

Five-minute speeches were indulged in by the older members which were in the line of reminiscences. Among those taking part, Dr. B. H. Cheney of New Haven paid a tribute to the late Dr. Henry B. Stone of Fair Haven and Dr. W. W. Rodman of New Haven, Dr. E. C. M. Hall of New Haven spoke of the late Dr. Anderson of that city, in appreciative terms. Dr. Sanford spoke in the highest terms of the late Dr. Denison of Fairfield, a doctor of the old school type. He also spoke of the late Dr. Lucius H. Norton of Bridgeport, and Dr. Swazey of Springfield. Dr. E. E. Case read a memorial tribute to the late Dr. C. A. Taft, for thirty-seven years in practice in this city.

Dr. H. P. Sage of New Haven read a letter from his father, Dr. W. H. Sage of Woodbury, describing his conversion from allopathy to homeopathy, which contained a reference to the late George S. Greene of this city. Dr. George S. Hull of Bristol told of the life and service of the late Dr. James H. Austin, his former partner.

Dr. H. P. Cole, the secretary of the society presented a synopsis of Dr. Bradford's paper on "Homeopathy in the United States from 1851–1891," which was as follows:

Homeopathy in the United States originated from two centers: New York city and Northampton county, Pa. In the city of New York from 1825 to 1830, Folger, and Wilsey, and Gray, and Vanderburgh, and Wilson, and Channing, (except Wilsey, all physicians with extensive practice) had been sitting at the feet of that brilliant Danish scholar, Hans Burch Gram, and had been investigating in a careful and scientific way, the spirit of the new law of homeopathy, so lately promulgated in Germany by one Samuel Hahnemann. It is to be remembered that these the first pupils of Dr. Gram were neither ignorant nor credulous men. They were skilled physicians, bright men, men of note in medical ranks, friends of Hosack, who was a medical leader of that period in New York.

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And—withal, fair-minded men who were willing and anxious to discover a mild and certain method of healing to replace the unsatisfactory calomel, the blood-letting, and the blister. And remember that Gram himself was a very highly educated and cultivated man, one who had received high honors from the government of his own country.

The bead roll of these state pioneers is well worthy to here be given. Homeopathy was introduced into New York state, at New York city, by Dr. Hans Burch Gram, in 1825; into Louisiana at New Orleans, by Dr. Joseph Martin, of the French navy, in 1836; into Connecticut at Milford by Dr. Federal Vanderburgh, in 1837; into Maryland, at Baltimore, by Dr. Felix R. McManus, in 1836; into Vermont, at Troy, by Dr. Baird, in 1838; into Rhode Island at Providence, by Dr. Louis Parlin in 1839; into Delaware at Wilmington, by Dr. J. C. Gosewich, an Allentown student, in 1839; into Ohio at Plymouth, by Dr. Cope, a German and a high dilutionisnt, in 1836; into Kentucky at Louisville, by Dr. J. G. Rosenstein, who had been an allopathic physician, in 1839; into New Jersey probably at Camden by the physicians of Philadelphia about 1836; although it is very likely that it had been introduced into the Jersey towns near New York at a much earlier period; into Maine at Bath, by Dr. William E. Payne in 1840; into New Hampshire at Francistown, by Dr. Moses Atwood in 1840; into Indiana at Indianapolis, by Dr. Isaac Coe in 1840; into Michigan at Detroit, by Dr. S. S. Hall in 1842; into Georgia at Savannah, by Dr. James B. Gilbert in 1842; into Wisconsin in Brown county in 1842 by the wife of an Episcopal minister, but first practiced at Milwaukee by Drs. L. M. Tracy, and H. H. Cator in 1846; into Alabama at Montgomery, by a layman in 1843; into Illinois at Chicago by Dr. David S. Smith in 1843; into the District of Columbia at Washington, by Dr. J. R. Piper in 1844; into Tennessee at Nashville, by Dr. Philip Harsh in 1844; in Missouri at St. Louis, by Dr. John T. Temple in 1844; into Texas at Houston, by Dr. Henry C. Parker in 1848; into California at San Francisco, by Dr. L. E. Ober in 1849; into Iowa at Dubuque, by Dr. Beck in 1851; into Massachusetts at Medford, by Dr. Samuel Gregg in 1838; into Pennsylvania, by Dr. Henry Detwiller and Dr. William Wesselhoeft in Northampton county in 1828; into Virginia at Norfolk, by Dr. F. T. Campos in 1839, though it had been used by a lay practitioner as early as 1830.

Probably no man deserves more praise, more thanks, from the homeopathic physicians of this land than Dr. Charles J. Hempel. For at this period of 1840 to 1850, when there was great need of an English version of the books on homeopathy that were being printed in Germany and France, Hempel by his indefatigable translations, and with utter

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self abnegation, for he never got much for his work, made these books available to American practitioners. The war of the rebellion from 1861 to 1865 had a marked influence on the homeopathic school; efforts were made by our men to gain a footing in the army and navy as surgeons, and although this was prevented by the narrowness of the medical department of the government, yet there were quite a number of homeopathic physicians who served as surgeons during that troublous time and with credit. In the *United States Medical and Surgical Journal* for January, 1870 (p. 25), may be found a list of homeopathic surgeons who are known to have served during the war; this gives their names, titles, time and places of services. It includes forty-eight names, but it is likely that there were two or three times as many more, some without doubt in the Southern armies. Another useful influence of the war was that it gave an impetus to the study of surgery by members of our school.

Last year, the last year of the century, only seventy-five years from the time when Gram came, a stranger to New York, holding in his hand that little twenty-eight paged pamphlet, "The Spirit of the Homeopathic Healing Law," the United States government gave a beautiful plot in one of the charming parks in Washington, and accepted, the first medical statue to be accepted by the government, a magnificent bronze statue of Hahnemann, the medical reformer, presented by the members of the American Institute of Homeopathy, by the homeopathic physicians of the United States, and by their patrons and patients, to the American nation.

Dr. John P. Sutherland read an interesting paper on the "Homeopathic Materia Medica." We regret that our space prevents a more liberal extract from it than the following:

"Let us glance at the foundation on which our materia medica rests. Homeopathic materia medica includes the records of the effects of drugs administered experimentally to animals; the effects of drugs taken accidentally or purposely in toxic doses (poisoning): the effects of drugs in large doses administered to sick people (overdosing): occasionally the effects of ordinary doses in cases of prolonged illness where it is assumed to be possible to differentiate drug effects from disease symptoms: and lastly and chiefly, of the effects of drugs in large and small doses when taken voluntarily by people in health for the express purpose of noting these effects, what we technically know as "provings." The chief sources of knowledge, indeed, upon which homeopathy relies are provings and poisonings.

These form the very foundation homeopathic materia medica; in fact the greater portion of the structure itself. Simple, uncomplicated effects

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of drugs upon healthy human organisms are considered by homeopathists the only reliable source of knowledge concerning the substances to be used in healing the sick. No theories, no deductions, no traditions, no empiricism, no clinical experience, are, by the homeopathist's creed, admitted as worthy of reliance in furnishing the physician's armamentarium. No system of medicine ever devised by man possesses so simple, so direct, so natural a method of studying materia medica as does ours. No system of therapeutics ever had so rich, and fruitful and reliable a materia medica. No system or "school" of medicine therefore, ever had as indisputable and logical a right to the title "rational" or "scientific" as has the homeopathic, because no system or "school" ever had a materia medica constructed so consistently in accord with the truly scientific spirit, which demands facts unchangeable, ever demonstrable facts, as the sole foundations on which safely to build.

It is worth reflecting upon that during the half-century's existence of this society so very few of the host of famous writers and teachers of ordinary or traditional medicine have risen to fame through their studies in, and knowledge of materia medica. And how few of the writers and teachers in the ranks of homeopathy have not been made famous by their knowledge and teaching of materia medica? One recalls with gratification, in illustration of this fact, the names of such workers in this field as Allen, Breyfogle, Burt, Cowperthwaite, Dunham, Farrington, Hale, Hartmann, Heinigke, Hempel, Hering, Hughes, Jahr, Jousset, Lippe, Snelling and Teste.

Dr. Pemberton Dudley, Philadelphia, presented a paper on "Medical Colleges and Medical Education." Dr. Dudley gave a resume of the earlier history of colleges, the evolution of their curriculum and their aims. He wound up with a statement which should arouse to action every homeopathic physician in the land. It was the following:

"The homeopathic colleges of Boston, New York, Philadelphia, and Baltimore are sending out an aggregate of less than 200 practitioners of homeopathy per annum. If the number was twice as great, it would not meet the demand, and would not much more than recoup the death losses and provide for the increase of population. The numerical strength and influence of the alumni associations of these colleges ought to justify the expectation of much larger classes."

If the above is true, and no one doubts it who is acquainted with the facts, there should be the double of students sent to our colleges every year. The demand for men for new fields cannot be met; the loss is hard to supply. Send on your students.

The evening session was marked by two excellent papers. One was by Prof. F. S. Luther, of Trinity

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College, a layman, who presented the side of the question interesting to the layman in the "Relation of the Patient to the Physician."

The second paper was from the gifted pen of Dr. Theodore Y. Kinne, of Paterson, N. J., on "Samuel Hahnemann." Those of us who had the pleasure of listening to Dr. Kinne's beautiful word-picture of Hahnemann's life which he delivered at Washington during the meeting held in that city in 1900, know that he did the subject justice.

Music was interspersed all through the evening.

SECOND DAY.

The meeting for the second day was called to order by President Sanford.

The first paper presented was one on Medical Legislation by the Hon. Charles E. Gross. This paper was a masterly presentation of the subject and gave evidence of careful study. He started out with the statement that a philosopher once said "Show me the cemeteries of a people and I will tell you the place in civilization they occupied." He said if permitted to paraphrase that he would say show me the cemeteries of a people and I will tell you how far advanced they are in medical legislation. Among some of the interesting points he noted concerning medical laws are the following facts:

In 1649, when physicians were few, the Massachusetts Colony passed an ordinance commencing as follows:—"Forasmuch as the law of God allows no man to impair the life or limb of any other but in a judicial way, it is therefore ordered that no person whatsoever employed at any time about the bodies of men, women and children, as surgeons, midwives, physicians or others, presume to exercise or put forth any act contrary to the known rules of art," or exercise any force, violence or cruelty * * * (no, not in the most difficult and desperate cases,)—without the advice and consent of such as are skillful in the same art (if such may be had) or at least of some of the wisest and gravest there present. A similar law was passed in the province of New York about 1665. There is no evidence of any further attempts at regulating the practice of medicine thereafter for about a century.

Dr. Fitz says: "Although partial recognition of the profession and protection of the people had been secured in several of the colonies, and particularly in some of the larger cities, by legislation, the first well considered act regulating the practice of physic was that passed in New York, June 10, 1760. According to this act no person was allowed to practice, under a penalty of five pounds and costs, who had not previously passed an approved examination in physic and surgery before one of his majesty's council, the judges of the Supreme Court, the attorney general and the mayor for the time being, or any three of them, taking to their assistance for

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such examination such person or persons as they in their discretion shall think fit. Twelve years later a similar act was passed in New Jersey at the instigation of the New Jersey Medical Society, and was the first comprehensive, protective law applied to a colony, the legislation above mentioned applying only to the city of New York."

At the commencement of the War of the Revolution Dr. Toner says that probably "there were not living in all the colonies 400 physicians who had received medical degrees; and yet there were presumed to be over 3,500 practitioners." From the beginning of the last century on, state after state passed some form or other of a law for the prevention of quackery And it is stated by Senn that during the first half of our national existence every state had enacted such laws, with the exception of Pennsylvania, North Carolina and Virginia. These laws, however, did not long remain operative. A reaction came and these prohibiting laws received popular opposition. One of the causes was the widespread advocacy in the early part of the nineteenth century of the doctrine promulgated by Samuel Thompson. About the commencement of the last century, he established a new school of medicine, substituting for the medicines then in use a variety of herbs and some poisons. The common people appeared only too ready to adopt his treatment and to denounce the regular practitioners of the day.

It was largely through the theory of Thompson and his use of herbs that so many of the laws of that time were repealed and at a later date hardly a state in the Union had a law regulating the practice of medicine. He pleaded for the elevation of the profession and claimed this could be done only by having suitable committees appointed by the different state medical societies for a conference and abiding by the decision of that conference. It is not the school which will now-a-days succeed so much as it is the medical profession. In securing this law he said:

Your profession will be the dominant factor,—not your school of medicine. To-day it is the personality of the doctor, his education, experience and breadth of mind and character more than his "school" which brings him success, and the public have reason to thank God that this is today the tendency in all "schools."

Schools of medicine will always exist, but there is a much larger area of common ground than that which is covered by our own "company's tent." It is only with such an understanding and acceptation that medical legislation can be brought to perfection, and in asking your aid I have only to ask you to apply the excellent motto of your society:—

"In certis unitas,
"In dubiis liberfas,
"In omnibus charitas."

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The society extended a vote of thanks to Mr. Gross for his able address.

"The Progress of Medicine in Fifty Years" was the title of a splendid paper presented by Dr. George F. Laidlaw, of New York. Dr. Laidlaw said that looking back at medicine, as practiced fifty years ago, one is reminded of the dark ages.

"Fifty years ago typhoid fever was just being differentiated from typhus and malarial fevers; tuberculosis meant any disease that presented a nodular lesion, diphtheria was just beginning to be recognized as a clinical entity, and Listerism and asepsis were unknown. The discoveries of Claude Bernard, Henle, Marshall Hall, Helmholz, Flourens, Broca, Waller, Schwann, Liebig, Pasteur, Woehler, Prout, La Tour, Purkinje, Bright, Schoenlein, Alibert, Braid, Beale, Dickenson and others were referred to and Dr. Laidlaw said that Pasteur's studies had two results: First, they inspired the English surgeon, Lister, with the thought that the putrefaction of wounds in living tissues might be prevented by keeping the injured surfaces free from the germs of decay. From the work of Lister arose modern aseptic surgery. The second result of the labors of Pasteur on fermentation was the rise of the science of bacteriology. The first great characteristic of the progress of medical science in the past fifty years was the rise and spread of the doctrine of the parasitic origin of disease.

Recognizing the tangible cause, the control of these infective diseases seems to be in our grasp, said the speaker, and he proceeded to consider what had been done in that direction. In this line he gave the results of Pasteur's inoculation with germ cultures against chicken cholera, anthrax and hydrophobia. He said that the idea of using the weakened virus of a disease to prevent the same or a similiar disease was already fixed in the medical mind by the practice of vaccination. Pasteur and his co-workers extended the idea from prevention to cure, and in this way bacteriology has invaded the field of therapeutics. By 1890 medical scientists all over the world were working busily in this field, and in 1892 Behring secured definite results in the prevention and cure of diphtheria and tetanus. In 1894, at the congress of hygiene at Buda-Pesth, Roux announced his successful use of diphtheria antitoxine, which has since become the best known remedy of bacteriological therapeutics.

"The second characteristic of the practice of medicine during the past fifty years is the development of the specialist. The invention of the opthalmoscope just fifty years ago gave an impetus to the study of diseases of the eye which has since developed into an immense special field. There has been a great advance in our knowledge of the diseases of the ear since 1853, when

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Wilde complained that all diseases of the ear were described and treated, not acccording to the laws of pathology, but by a single symptom, deafness. The large specialties of rhinology, laryngology and gynecology have arisen and now in this country the surgeon is declining to treat medical cases and is taking the attitude of a specialist. This process of dividing the work of medical study among special groups of physicians has led naturally to great advances in diagnosis. We cannot speak fairly of the progress of medical science of the last fifty years and omit reference to the immense advance made in treating the diseases of children, especially the digestive disorders. Here the same exact methods of observation, with chemical and microscopical analysis, have yielded abundant results in the saving of infant life.

"Dr. Laidlaw said that new ideas and methods spread very slowly through the profession. Cristison of Edinborough expressed surprise that the physicians of Bright's own hospital held Bright's discoveries of ten years before in little estimation and bungled on in the same old way. In relation to Harvey's discovery of the circulation of the blood, Hume states that no physician in Europe who at that time had reached the age of forty years ever to the end of his life adopted the new doctrine. In France Pare was ligaturing arteries fifty years before the general mass of the profession reluctantly ahandoned the boiling pitch method of their ancestors. In merry England, Dr. Groenvelt was sent to jail for prescribing cantharides internally for dropsy, and this bit of therapeutics required 100 years to diffuse among the profession.

The fourth great characteristic in the progress of medicine during the past fifty years is the gradual adoption of the homeopathic practice by the bulk of the medical profession. It was Samuel Hahnemann, the founder of homeopathy, who gathered the scattered observations on drug effects into one system, added many of his own and gave an impetus to the study of exact therapeutics which justifies the title, often bestowed, of the greatest medical reformer of modern times. What Copernicus was to astronomy, Berzelius to chemistry and von Haller to physiology, Hahnemann was to the study of the use of drugs in disease. The founding of homeopathy marked the renaissance of therapeutics.

Dr. Laidlaw concluded by saying: "When the old-school societies announce that they stand ready to receive us with open arms if we will drop the sectarian name, we reply that there is no need of our going to them. Their therapeutics are coming to us so fast that all we have to do is to sit still and prepare for the shock. When we can use their text-books in the teaching of our materia medica, the union of the schools is not far off. It will come as all other medical reforms have come. First,

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the facts are accepted, then the theory. And in that day the homeopathic school will find itself united with the rest of the profession, its work accomplished and leaving an honorable name."

"The Progress of Surgery in Fifty Years" was presented by Dr. George W. Roberts, of New York. Dr. Roberts said that we must admit the greatest discoveries in science and the greatest initiative were made prior to 1850. The latter part of the nineteenth century seems to have spent its greatest force in the development of ideas which it had inherited from earlier periods—in the practical application of theories, and in rendering concrete the abstract. * * *

"While the greatest discovery of modern times in the realm of surgery slightly antedates 1850, the introduction into general use and the perfection of methods of anesthesia have been part and parcel of the latter half of the nineteenth century. Many are prone to regard the world's greatest discoveries as lucky hits by single individuals, but this is not usually the case and especially is it not the case of anesthesia. The ancients undoubtedly knew something of substances which benumbed pain, aside from the use of forms of hypnotism. The use of preparations of poppy, henbane, deadly nightshade, and mandragora antedate Christianity itself. As early as 1800 Sir Humphrey Davy wrote, "Nitrous oxide may probably be used with advantage in surgical operations." Twenty-eight years later Mr. Hickman of London wrote to Charles X of France that he had discovered a means of performing surgical operations without pain by the introduction of certain gasses into the lungs. In 1842 Dr. Crawford Long of Athens, Ga., produced anesthesia by ether but did not publish his results. In 1844 Dr. Horace Wells of Hartford demonstrated the practical value of nitrous oxide when he submitted to the extraction of a tooth while under its influence. Two years later his student, Dr. W. T. G. Norton, demonstrated and introduced into use ether vapor as a surgical anesthetic. During the year 1846, Dr. John C. Warren publicly performed the first surgical operation, other than the extraction of a tooth, under anesthesia.

The effect of the introduction of anesthesia upon surgery is well known by all. Its influence is most forcefully presented when we remember that if it were suddenly to be withdrawn nine out of ten modern surgeons would probably find themselves disqualified for work under the new conditions, thousands of patients who annually submit to operation would prefer death to the agony of the operating table, thousands of operations which are now simple and safe would in the absence of anesthetics become absolutely impossible, the pain of every operation would be an hundred times magnified, and humanity might indeed mourn the loss of the most benefi-

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cent gift of a divine providence. All praise, then, not only to Morton, Simpson and Wells, but also to those surgeons of the last half of the nineteenth century who developed and defined the powers of the blessed lethel gases which permit us to save and render comfortable the lives of so many unfortunate sufferers.

"While the slow development of our knowledge of anesthesia was in progress and while physicians and dentists were waging a bitter and discreditable warfare over the credit of actual discovery there was germinating in Europe a sister discovery which together with that of anesthesia was destined to revolutionize the theory and practice of surgery, to render valueless or nearly so the experience and literature of centuries. This discovery was the direct result of the investigation and thought, yes, the genius of Sir Joseph Lister, but as is almost always the case with a great discovery it was to a certain extent the outgrowth of the work of many investigators.

The progress of bacteriology was described and Dr. Roberts said that the greater the laurels of aseptic surgery, wherever, whenever and by whomever won, the brighter the crown with which the world will encircle the brow of Lister. The boon which he gave to mankind knows no bounds of age, sex, race or color; it is confined to no pathy, no nationality, but is as truly the foundation of all surgery as is the belief in God the foundation of all theology. The value of the X-ray was described and tribute was paid to Marion Sims, Professor Howard Kelly and others for the advance in surgery during the past few years. He closed by comparing modern surgery and the results with that of a comparatively few years ago.

Dr. Horace Packard, of Boston, read a paper on "The Hospitals of 1851 and 1901." He mentioned the shortcomings of hospitals, the tendency to build without allowing for space for good air, the seggregation of patients and the inevitable results which followed in the high death-rate from infection. He said:

"Prior to .1850, all American hospitals were built upon the block plan, in other words, the design was to include under a single roof as many wards and departments as possible. The Episcopal Hospital of Philadelphia in 1862, and the Boston City Hospital in 1864, were the first to be arranged on the detached pavilion plan, with open corridors. From that time to the present, the progress in hospital construction and management has been great. The influence of our Civil War was felt not only in this country, but abroad. The necessities and emergencies of military surgery, brought into use tents, and hastily constructed barracks which were inexpensive and easy of destruction when once hospitalism developed. It became the settled conviction that hospitals should be made up of small units, each containing a single ward, and of mate-

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rial which after ten or fifteen years of use, could be destroyed without entailing great expense. Pavilions were thus erected by the Boston City Hospital, and the Massachusetts General Hospital, and in warm weather tents were pitched in convenient proximity to the main buildings.

In 1875 the advent of the antiseptic system in the treatment of surgical diseases modified the then existing theories of hospital construction, so that now, while the small unit system is still approved, permanency in construction is the ideal. It has been demonstrated that building materials of inorganic nature, namely, iron, bricks, marble, stone and cement, which present smooth unabsorbing surfaces, may be kept permanently in a perfectly clean and uninfected condition. Many of our American hospitals at the present time are embarrassed by the possession of old, badly planned buildings which cannot be modernized except through total destruction. Additions, however, which have been made of late years, have been upon the approved unit system, and notable examples exist both in this country and Europe. Many hospitals have been erected within the last ten or fifteen years, according to a deliberate plan embodying all modern ideas; among these are the Friedrichshein Hospital of Berlin, Germany, the St. Joseph and the Tenon Hospitals of Paris, the Heidelberg Hospital, the Johns Hopkins Hospital of Baltimore, and the Cambridge Hospital, Massachusetts. The essentials for such hospital construction are first a level plot of ground of abundant area, fifty acres for a hospital for 500 beds. Second, administration building containing offices, and dormitories for house offices. Third, pavilions of from one to three stories, with abundant light and air space on all sides, containing wards of not above thirty-two beds capacity. Fourth, facilities for heating and ventilating which shall ensure to each patient an abundant supply of fresh air. Fifth, culinary and laundry departments under a separate roof.

"A feature of the modern hospital is the training school for nurses. This is an adjunct which has been developed wholly within the last fifty years; yes, within the last twenty-five. To that pioneer of modern nursing, Florence Nightingale, we are indebted for this beneficent innovation. It has made nursing a profession, and has brought to it numberless energetic earnest young women whose gentle ministrations to the sick are of priceless value. All modern hospitals provide a separate building as a dormitory and home for its corps of nurses.

"Of still more recent date in hospital equipment is the pathological department. With the advent of recent knowledge in bacteriology and the important role which microorganisms play in the production of disease and causation of suppuration,

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the constant service of an expert pathologist has become a necessity in the care of the sick. The pathologist tests the blood, sputum and excreta of patients to determine doubtful questions in diagnosis, or the safety of proposed operations. He examines the air of the operating room to test its purity. He makes culture tests of dressing material, ligatures, instruments, and even the hands of the operator to test their freedom from infection material. A well organized pathological department is to a hospital, what a system of danger signals is to a great railroad. It warns of the impending danger and prevents catastrophe.

"The operating room of the modern hospital is one of the crowning achievements in medical science, of the closing years of the nineteenth century. Its floor of marble and cement, its walls of enamel, its furnishings of iron and glass, its steam pressure sterilizers, its filters and stills to purify water leaves no material for bacteria to thrive upon, and destroys such as may contaminate instruments or dressings.

Dr. Packard's paper closed the scientific portion of the meeting and the meeting adjourned to gather again in the banquet hall of the Allyn House where a sumptous repast was served to one hundred and ten guests.

Among those present were the President and Secretary of the Hartford Medical society, Drs. George R. Shephard and Joseph E. Root representing the old school, while Dr. Henry Bickford represented the Eclectic school. Thus in rhe city of Hartford, in the twilight of the Twentieth Century was the song of David, the sweet singer of Israel, "Behold, how pleasant it is for brethren to dwell together in unity," carried out in this meeting.

Dr. Edward Beecher Hooker was toastmaster, and we of the American Institute, who know Dr. Hooker's qualifications for such a post, feel assured that it was a part which reflected credit upon the members of the Connecticut Society.

[The editor of this magazine desires to extend his thanks to Dr. Hills P. Cole for the material from which this report has been compiled.]

Englewood Homeopathic Medical Society.

A regular meeting of the Englewood Homeopathic Medical Society was held at the office of Dr. Sarah B. Duncan, 6850 Lowe Ave., Chicago, on Tuesday evening, Dec. 10th, 1901.

In the absence of Dr. Howard Crutcher, the president, the meeting was called to order by the vice-president, Dr. Belle Gurney.

The minutes of the preceding meeting were dispensed with because of the secretary's absence, and the first paper on the program was read by Dr. H. F. Smiley on "Remedies Obtained from the Animal Kingdom."

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Dr. Smiley gave a synopsis of the different drugs obtained from the animal kingdom; he mentioned the fact that all of them had the power of affecting the blood; all have a special affinity for the sexual organs of women; all have a tendency to depress the mind of the prover and all were deep acting remedies showing their efficacy in serious diseases.

Previous to the reading of this paper Dr. Ingersol presented a resolution asking for the appointment of a committee to draw up a set of resolutions expressing the opinion of the members of the society concerning the action of Dr. Gilman in permitting his name to appear in public print as an advocate of the X-ray treatment of cancer. This method of treatment, Dr. Ingersol thought, should be presented first to the medical press and then only as a suggestion, until the time has arrived when its efficacy may be proved or disproved. He presented some clippings which he had from some of the daily papers showing that Prof. Gilman had permitted the use of his name in connection with the so-called cures.

The vice-president appointed as such committe Drs. Ingersol, Hingston and Smith, the committee to report during the evening.

Prof. Wilson A. Smith then presented a short paper on "Ipecac," in which he quoted Ringer's, of the old school, synopsis of its physiological action to show its homeopathicity to many diseases which are characterized by nausea and vomiting. He called attention to the fact that it is more likely to be the remedy where the tongue is but slightly coated and not where there seems to be a nausea due to some stomach derangement *per se*.

The two papers were discussed together.

Dr. Harris said in reference to Dr. Smiley's paper that he could not say much about it because he was not familiar with the remedies; he mentioned sepia, and of course, he had used that quite a good deal. In regard to ipecac he had used it a good deal and considered it one of our best remedies, in fact, he looked upon it as a valuable polychrest and one we could not easily get along without.

Dr. Neimann said that she had used ipeçac very freely in her practice and that it had never disappointed her. In reference to the remedies mentioned by Dr. Smiley she had not had much experience but was pleased to hear the paper as it would stimulate her to a greater study of these neglected remedies.

Dr. Ingersol said: He was glad that he came up tonight and heard Dr. Smith's paper on Ipecac. There was one thing Dr. Smith failed to mention, which he was pleased to bring before the society, and that was that Ipecac would cure any case of asthma he had ever seen. This use of Ipecac he had learned from Prof. Arnulphy, when he was in Hahnemann Medical College, and he thought that was worth

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more than all the other things he had heard from that teacher. Dr. Arnulphy said, "Remember that one-drop doses of the 1x of ipecac repeated every five or ten minutes would speepily control this condition." I used it in the very first case of asthma I ever had and have never used anything else since. I confess that I expect you will say such a method of prescribing is not scientific, but it is a fact that ipecac is the best remedy for acute attacks of asthma I have ever used.

Dr. Ingersol mentioned the case of a man who employed the other physicians in his neighborhood, who failed to pay any one for their services, and finally drifted around to him. He used to call him out at night and when the doctor reached the residence, the patient living in the upper flat, he could hear him in the lower hall struggling for breath. He would give the patient four or five doses of ipecac 1x, every five or ten minutes, when he would settle down and be fairly well. One time this patient sent for Dr. Ingersol, but the doctor was sick and refused to go and the fellow died, as the result, so he believes, of not being able to attend him and use ipecac in the case. He mentioned a lady who took several drops of the 1x, which caused vomiting, and said that in some people a much less dose was required than in others.

Dr. Decker Holcombe said she was in college at the time Dr. Ingersol was, and must have been asleep when Prof. Arnulphy made the remark about the use of ipecac which Dr. Ingersol mentioned, as she had not heard it. She has used the remedy in some cases, but was glad to learn more of the action of ipecac. She was pleased to hear the paper by Dr. Smiley upon these animal remedies, for she had but little knowledge of them, and was very much interested. She suggested that Dr. Smiley should write a book on materia medica, as she felt sure he could present the subject in a most interesting manner.

Dr. McNiff said that she knew but little about the remedies mentioned by Dr. Smiley in his paper. One of them she had used with some success in cases of extreme nervousness was moschus. When there is rapid heart action and this can be traced to a hysterical condition, then especially had she found moschus useful. Dr. McNiff was very glad to hear such an excellent presentation of the remedy — ipecac — which Dr. Smith had given the Society. She had used the wine of ipecac in drop doses in extreme cases of croup with the best of results.

Dr. Replogle, in discussing the papers, said that he could add nothing to Dr. Smith's paper except to confirm its use in intermittent fever. He found in cases where a good deal of quinine had been used, and the quinine did not stop the chill, and after he had become converted to homeopathy that in such cases ipecac was the remedy for the most of them and especially

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where the patients were troubled with nausea. I think Dr. Smith is right in reference to what he said in his paper, if I remember rightly, that in cases where the tongue is clean or nearly clean that ipecac is the remedy. It is not indicated where the tongue is heavily coated. Many years ago it was quite a fad to use ipecac in large doses, and at that time I did the same thing, and often found benefit from its use. The doses were as large as thirty grains of powdered ipecac. When practicing in Illinois, near Vandalia, he had resided in a section of the country where malaria was so thick one could cut it with a knife and he found many cases there that quinine would not cure. Some of the cases would get worse after giving quinine, and those cases especially were benefited by ipecac. In regard to the remedies from the animal kingdom referred to in the paper of Dr. Smiley he had but little experience with, and knew but little about them.

Dr. Hingston said in discussing the papers, that when Dr. Smith had got through with his paper on ipecac that he thought the doctor had said it all, and there was nothing left to say. As the other speakers had offered their remarks, however, he felt as if it got worse and worse, so nothing at all remained for him to add concerning ipecac. Dr. Hingston related an instance of the cure of a severe case of cough in a woman in Nebraska by the aid of the olfactory use of mephitis. One day one of these malodorous animals got under her house and it was necessary to get it out in order that she might have some comfort. In getting it out she received quite a large dose, by olfaction, and a remarkable result occurred. Prior to that she had been coughing night and day, was sallow, thin, light complexioned and many thought she had consumption. Her case reminded him of the anecdote of the man who was told to smell of a bottle of medicine and the doctor was certain the patient was cured. He paid the doctor by permitting him to smell of a five-dollar bill. The woman increased in weight and now, many years after, is enjoying the best of health.

Dr. Sarah B. Duncan stated that she had enjoyed the papers very much and asked Dr. Smiley if he had used lac caninum in diphtheria with success. Dr. Smiley replied that he had. Dr. Duncan asked Dr. Smith if he used the wine of ipecac to which Dr. Smith answered that he used the tincture and made such dilution as he desired to prescribe.

The committee appointed to draft a set of resolutions expressing the opinion of the members of this society concerning the position of Prof. Gilman in permitting the use of his name as being interested in the X-ray treatment of cancer, that they believed the study of new methods of treatment was a highly honorable thing, as we believe medicine is a progressive science, yet we feel that such research should

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be carried out in an ethicical way, and that the use of one's name by the lay press was derogatory of the best interests of the medical profession, and they looked with alarm and condemnation of such use by Prof. Gilman, a man who stood high in the ranks of the profession of the west.

It developed that the members had the same respect for Dr. Murphy, who a few years ago, at a meeting of the American Medical Association in Denver permitted apparently without protest, to have a two or three-column notice of his work in the compressing of the lung for the cure of consumption find its way into the *Chicago Tribune*. This was believed to be a matter for the allopathic school to attend to however, as he does not affiliate with the homeopathic school.

The recommendations of the committee were adopted.

The next meeting will be held at the office of Dr. Harris the second Tuesday in January, 1902.

At 10:30 the society stood adjourned.

DELLA A. MCMULLEN, M. D.,
Secretary.

BELLE GURNEY, M. D.,
President, pro tem.

The Homeopathic Medical Society of Chicago.

The regular monthly meeting of this society was held in the club-room of the Great Northern Hotel on Dec. 19th, the meeting being called to order by the vice president, Dr. Mary Elizabeth Hanks, in the absence of the president.

The minutes of the preceding meeting were read and approved, and there being no other business the regular program was taken up. The first paper of the evening was

(Abstract.)

Surgical Treatment of Cancer of the Pylorus

BY GEO. F. SHEARS, M. D.

This subject was selected for me, and I do not know that it is a very interesting subject for general discussion, but I have always made it a practice to do as I am told, and when Dr. Kahlke requested me to write upon this subject I did so.

The pyloric end of the stomach is more frequently attacked by cancer than all other portions combined. According to one authority cancer occurs in the pyloric extremity in sixty (60) per cent. of all cases; another gives the ratio at 69 per cent.; and still another states that it occurs here in 64 per cent.; other statisticians give a still larger percentage. The importance, then, of pyloric cancer is easily understood.

The consideration of the subject naturally suggests three questions which it is the object of this paper to consider briefly.

First, what is the aim of operative procedure?

Second, what results may reasonably be anticipated from surgical treatment?

Third, what cases are suitable for operation and the methods to be employed.

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So long as cancer was considered incurable, so long very naturally all operative measures were looked upon as simply palliative. This idea of incurability, at least so far as cancer of external parts is concerned, no longer holds sway. In the case of cancer of the stomach it must be admitted that this confidence is not so general, and a more or less indefinite idea exists that cancer of the stomach is less a local disease, and that as a curative result can hardly be expected, and any effort to obtain this result is futile. It must be readily admitted that cancer of the stomach is sometimes secondary to cancer in other localities.

In all cases curative results are not to be anticipated, but in a great majority of cases of cancer, if taken in time, the results would be much more favorable. Dissemination is so rapid that long before the attention of the surgeon is called to the disease the growth has extended so far beyond its original habitat that curative operation is impossible. This view, however, is not in accord with more recent investigation and the more closely we scan the statistics offered us the more we must be convinced that not only are these primary in their first attack but also that the disease often remains local not only for a long period of time but in many cases until death takes place. Thus, according to Sutton 50 per cent.; another authority 59 per cent. of cases of cancer of the stomach remain local, while according to one observer, out of 802 cases, but 306 were associated with any lymphatic involvement. When it is remembered that these statistics are the result of post mortem examinations, the probabilities are that the larger proportion of these patients die, not from a general carcinomatous involvement, but, from a local destruction of tissue. If this condition of affairs exists when the disease has run an uninterrupted course, how much more probable is the disease local during its early period? If the disease, then, so far as growth and extension are concerned, does not differ from carcinoma elsewhere, there is no reason why surgical treatment may not aim at radical removal of the disease and the establishment of a permanent cure.

The second question, What may reasonably be expected from surgical treatment? is difficult to answer in a positive way, and yet I believe it is being more or less favorably answered by the test of growing surgical statistics. In general it must be remembered that statistics must not be expected to prove that this is curative in every case; first, because the disease involves an organ which, if not essential to life itself, is nearly so, and any operation which affects a portion of the stomach interferes for all time with an organ which occupies a very important place in the process of digestion.

With these difficulties in mind, the danger of shock, etc., the statistics reported increase our hope in the surgical efficacy of surgical

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treatment in the future. In regard to the mortality of these cases following operations for the radical cure of cancer of the pylorus the following statistics are obtainable: One observer has reported 25 cases with 5 deaths; one reports 29 cases with 11 deaths; and one other 16 cases with 7 deaths. Twelve cases of complete removal of the stomach have been reported with four deaths. Inasmuch as the operation has only been practiced in recent years the statistics of the later operation must necessarily be limited as concerning the permanency of the cure. One case is reported as being alive seven years after such an operation. Many other favorable cases have been reported by individual operators, one case being reported alive after four years.

If we do not prolong life by a single day I believe the operation is still justifiable because of the increased comfort which the patient enjoys; the brighter mental health following, and the increased nutrition secured are, in themselves, beneficial. In that class of cases in which the disease has attacked the surrounding tissues the operation is done simply for the purpose of obtaining temporary relief. It is the universal observation of all operators that this treatment prolongs life an average duration of one year. I can say, in my own experience, that perfect relief of all symptons follow the operation, but of course, the result was only temporary.

In regard to the third question: What cases are suitable for this operation? that most favorable results are obtainable in those cases in which the stomach is absolutely free from glandular involvement, and the disease is limited to its primary point of attack. Unfortunately these conditions are not always present in cases presenting themselves for surgical treatment unless the diagnosis has been made early in the history of the case. Then again, we cannot hope to secure these cases for operation early until the profession has become accustomed to the thought that this condition is amenable to surgical treatment more so than remedial agencies.

In the light of recent statistics I should say in reply to this quention that all cases are suitable for this operation, and the sooner it is done the greater success will be obtained.

[Dr. Shears presented a series of diagrams illustrating the steps to be taken in the operation. He showed the blood supply, the means to be taken to prevent contamination of the cavity by the stomach contents, etc.—EDITOR.]

DISCUSSION.

Dr. W. Henry Wilson:—I thought of two or three points in connection with this paper. The recent contributions which have been made on this subject interests me considerably, and in this paper there were several suggestions which it seems to me were of merit. The first one is this: That this subject is the

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boundary line between the domain of the general practitioner and the surgeon, because all these cases come first into the hands of the general practitioner, and he suggested that a familiarity with the subject was consequently very advisable on the part of the general practitioner.

A suggestion which seems to me quite important in connection with cancer of the stomach is the diagnosis of this condition, if possible, before it has extended beyond the primary lesion, and this involves several questions. Dr. Shears has suggested here certain things which are suspicious, and which lead one to suspect a cancerous trouble. As you know, the usual things that are considered, are, first, the general clinical symptoms present of constant pain, etc.; then we have the methods of stomach examination and of stomach contents. This is not a very complex matter; you know the examination of stomach contents usually consists in giving the patient a test meal of perhaps a bun, and a cup of tea, and then an hour or two afterwards, removing this by syphoning. This is examined with reference to the amount of hydrochloric acid, to determine if there is any lactic acid present, and also for fragments of tumor which may exist.

Quite recently a method has been suggested by a man, who is perhaps a little bold, that some sort of a rubber instrument be inserted into the stomach and moved around freely, and by doing so certain portions of tumors could be removed and these examined under the microscope and the question of cancer determined. This has been objected to as being an extraordinary undertaking, but it has been done in a number of instances. None of these, however, proved the presence of cancer, perhaps, early enough to prove beneficial, and the man of whom I have spoken just now has suggested that he believes an exploratory operation is almost always justified if there are any positive clinical symptoms indicative of cancer. This, it seems to me, is a wise thing, especially if the other symptoms are not absolutely positive.

Dr. Shears:—The great objection to my mind is the fact that the blood supply of the stomach is interfered with in any operation except the one I have pointed out, and this is you know the most important feature in these cases. While I have admired the surgical courage of the man who cut down upon the wounded stomach of the president, and have never felt like criticising the operation, I believe that it would have been better had the operation been done by lifting up the messentery, as suggested, and the stomach gotten at in that way, although this question has not come up in considering the president's case.

Dr. Fisher:—That question has come up and Dr. Mann claims that his operation did not interfere with the blood supply of the stomach.

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Dr. E. S. Bailey.—My mind was running along the line of Dr. Wilson's remarks because they brought to mind a case which recently came to me; something almost entirely out of my line of practice and experience. There is a little item of interest in it. The case is as follows: An elderly man, a friend of my father, called recently and made the somewhat remarkable statement that, feeling perfectly well, without any previous symptoms having existed, he was awakened at two or three o'clock in the morning with a feeling of distress and informed one of the members of his family that he was very sick and faint and that he felt as if he would vomit in a moment and wanted them to be prepared for such an emergency; when this attack of vomiting was over, by careful measurement there was found to be three pints of pure blood in the vessel. The local physician gave an absolute diagnosis qualifying it, however, by saying that it was a case of cancer of the pylorus, and immediately sent him here for treatment. I would say that the test meal and all steps pertaining to a study of the symptoms (not necessary to repeat) were carefully carried out by one of the assistant internes with the result that all the evidence tended to show that the man was suffering from gastric ulcer instead of a cancerous condition.

Dr. Shears' paper is along the lines of differential diagnosis, and its suggestion is to get at these cancerous conditions early. I know from my own work with the microscope that it is an exceedingly difficult matter to determine the presence of a cancer in the early stages, no matter what tissues you take them from. They have to undergo certain changes before they begin the breaking-down process and the process which may be determined by ordinary methods. I know this from experience of years ago; I know it must be true at the present time. What Dr. Shears had in his paper was true in this case; it might happen to others as well as myself. An absolute diagnosis is, to my notion, imperative, and I would sooner recommend this man for exploratory operation than send him back without a positive knowledge of his condition. It is more humane to explore that stomach under present methods, see it and handle it, than to suggest that he go back home on the possibility of its being a gastric ulcer rather than a cancerous growth and have it prove to be the latter after a period of time has expired.

Dr. C. E. Fisher.—I am constitutionally opposed to complimenting the author of a paper by saying it is the best I ever heard, but in this case the ground has been so thoroughly covered and the points so clearly brought out that I see nothing else to do. I have had no operative experience myself in these cases and hence what I have to say must be along the line of theory. I do not know that I agree with Dr.

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Bailey in regard to his suggestion of an exploratory incision in the case which he has reported following a hemorrhage from the stomach. I do know that hemorrhage of the stomach is generally a secondary symptom of carcinomatous conditions and I would not expect to get any debris of broken-down material in an early stage of cancer; this can only come at a later stage. And, in the latter stage the clinical history, emaciation of the patient, the enlargement of the pyloric end of the stomach, thickening of the walls of the stomach, etc. would make the case clear.

I believe the clinical history of the case would prove nearly as valuable as any other test which might be made. I think the description of the case as related by Dr. Bailey points so clearly to ulceration in the first place, that I would not make an exploratory incision just for the purpose of clearing up the diagnosis. This position is confirmed by the fact that before hemorrhage occurs in cancer there must certainly be a good deal of development of cancer growth before there can be much broken-down tissue. The great danger which lies in the operation as suggested by Dr. Shears, lies in the separation of the mesentery from the stomach as it is from this source you get your blood supply.

Dr. Shears:—I have a great respect for the confidence which enabled Dr. Mann to go immediately at work and rely upon his own resources during such an operation and under such circumstances, but that confidence does not extend to the extent of agreeing with him on points which are not in harmony with anatomical facts. So far as I am concerned I cannot endorse the operation made.

Dr. Fisher:—That is why I raised the question; to find out what opinion you held concerning the surgical procedures taken in the president's case.

Dr. Shears:—I have had too great respect for the interest of my patients to try any such an operation. I have never done this operation as suggested by Dr. Mann and am only talking on general principles. That represents the way the stomach gets its blood supply (referring to chart). Now, if you make an incision here, in such a manner as is reported in the case of the president, of four inches in length, you must interfere with the blood supply. When this is interfered with, to any great extent, healing is retarded if not completely checked, and in the latter event, necrosis follows and I am unwilling to take any such chances with my patients.

Dr. Fisher stated that he had seen Dr. Mann's defense of the operation he had performed and that he claimed by going directly down upon the stomach the saving of time was of value and it enabled him to draw the stomach directly out and examine it. And he could note the condition of the posterior

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wall. Dr. Mann contended that the post-mortem showed no harm nor necrosis.

Dr. Shears:—There might not have been necrosis at the locality where the injury was inflicted and yet it might occur in some other part as a result of the loss of blood supply. His success does not warrant me in accepting his conclusion as final.

I have only a word to say in concluding the discussion on my paper. I wish to extend my thanks to the society for its kindly reception. I am not radical in this matter of treating of the stomach because it is a serious matter to open the stomach and yet it is not so serious as it is to allow a growth to go on without proper treatment. There is one thing which might be considered in these cases of cancer of the stomach and that is emaciation, loss of flesh, which appears in some cases very early before other symptoms make an appearance and also before pain arises from the presence of the tumor. Loss of flesh is found in dyspeptic condition and of itself not sufficient to base a diagnosis upon. However this may be settled by forced feeding, and then if emaciation continues some more serious affection would be likely to be the cause of the waste. I have had sent to me lately several cases of suspected cancer of the stomach most of which were negative in their symptoms so far as the patients were concerned. These patients I put to bed, keep them under observation and give them a liquid diet, as milk, or something of that nature, and in a large number of cases they have proven to be some form of dyspepsia due to a nervous condition. If the patient continues to emaciate under this forced feeding it is a very good indication that there is likely a cancerous condition existing.

Dr. Bailey then presented an interesting paper on "Urethritis in Women" (see original articles).

DISCUSSION.

Dr. Clifford Mitchell:—Dr. Bailey's paper is one worthy of consideration, this for the reason that oftentimes the classical symptoms which he mentioned are not always the symptoms of cystitis; for instance, in the male we may find these present when the ptostate is inflamed, and they are present in the female when caruncles are present in the female urethra. In regard to the remedies suggested by Dr. Bailey, especially what he says of cann silk I can heartily endorse, as it has proven very efficacious in many cases I have had under treatment. There is another thing which occurs to me in reference to the condition mentioned by Dr. Bailey, known as spasm of the urethra, and that is, that it is sometimes a very serious complication. I believe that it is not due to the presence of cystitis, but results because of the intimate relationship existing between the urethra and the kidneys.

Dr. G. F. Shears:—There is one

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condition, mentioned by Dr. Bailey, which I have successfully treated by the aid of electricity. It is one of the most painful affections I am acquainted with and that is fissures of the urethra. Fissures of the rectum are very readily recognized but in some way the profession has overlooked these conditions in urethritis. I believe that every case should be carefully examined to see if fissures are present. Their treatment is like those found in the rectum. Dilate the urethra slightly and with a knife divide the mucus membrane directly, through the entire length of the fissure. In spasms of the urethra I think that many times these spasms are the result of a little drop of urine coming in contact with this raw surface and the irritation is so great that a spasm follows. If these are treated by division and electricity they promptly heal and relapses will not occur.

Dr. C. E. Fisher:—Before you leave this paper I would like to say that I have recently had some unfortunate experience with urethritis in females, following surgical procedures, which I have learned to attribute to the use of the bichloride of mercury in preparing them for surgical work. I have treated cases which I am satisfied, are nothing more nor less than chemical irritation. These cases have occurred in patients where there were no chances whatever for supposing them to be due to gonorrheal infection and they have confirmed me more than ever in the use of mercurius in the treatment of these conditions, which are of a chronic nature in the female. Dr. Bailey dwelt pretty strongly upon the fact that the urethra is almost always infected in cases of gonorrhea, and that it is exceedingly painful; but the women have no patent right upon that symptom for the male also suffers most excrutiatingly, and we find in men the extreme pain which female patients complain of.

Dr. Bailey suggested the use of iodoform internally as one of the best remedies and when he mentioned it the thought occurred to me that its efficacy might be due to the presence of iodine as many of its symptoms are found under the head of the generative organs. I have had some excellent results from the use of formalin, it is a very excellent remedy, but I believe that the best one is mercurius corrosivius. In one case of a very violent urethritis I have used the formalin with much satisfaction resulting. I did not hear Dr. Bailey mention mercurius and I would be pleased to have an expression from him regarding it as I believe, as I have just stated, that its use in preparing patients for surgical procedures by washing the genitalia with a solution of it to be the cause of some cases of urethritis.

Dr. Mitchell:—Dr. Fisher did not say anything about urethral spasm which is an interesting complication in some cases and I would like to hear from Dr. Bailey as to whether

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he has noticed it in cases of urethritis.

Dr. Bailey:—When I made up my report I recognized the fact that my time was limited and so selected only a few of the many interesting cases I have recorded there. In answer to the question of Dr. Fisher I would state that I believe I have noticed such aggravation from the use of the bichloride as he spoke of and have long since abandoned its use in the preparation of patients for operation, with this exception, just before the patient is brought in for the surgical procedure the bichloride is used and immediately washed off. Some time ago, when using this drug, as I said, I have noticed these symptoms of which Dr. Fisher spoke, and which made me think the patients were poisoned by this drug. So I have come to discredit its use, and in in its place, in these cases of infection, I use the boric acid in a watery solution with good results. I have since learned that lysol, which is of the carbolic group, has a larger disinfecting and germicidal effect, and with a minimum of danger to the tissues, so I am quite in favor of that.

The case I referred to, of this mother and child, having this awful form of gonorrhea is one that I have noticed carefully all these years with deep interest for I wished to see how many symptoms I could collect. It would seem in this case the kidney is undoubtedly affected and the spasms complained of sometimes take place in the kidney and sometimes in the bladder. The time I saw her, last summer, in which she went almost into convulsions was due to the retention of urine in the bladder and that spasm was not relieved until I placed her on the table, and using a glass catheter, had withdrawn nearly three quarts of urine. Her bladder is at times seemingly contracted and then, seemingly without cause, the urethra has lost its contractive power after the bladder fills. It is a form of paralysis, the bladder fills up and expands until irritation ensues. There is one condition present in this case which seems to indicate the left kidney to be more affected than the right, for pressure on the left kidney or in that region, or lying on the left side, will bring on a spasm affecting not only the ureters but the urethra, as well. It is a most interesting case from its long continuance, from its frequent reinfection, and from the great variety of symptoms which have followed the original attack.

In reference to the selection of remedies I am not so limited as my paper would seem to indicate but the ones that occur to me the oftenest are aconite, gelsemium and pulsatilla. Mercurius I use quite freely in both acute and chronic cases. I can hardly tell you how I became influenced to use iodoform in these cases, but in quite a number of times in consulting work I have suggested its use with marked relief. I can hardly say just how it does work but it does very rapidly, and while

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the patient frequently objects to the medicine in this form they are thankful for the help which follows its administration.

I am not in favor of local treatment especially if harsh measures are used for I have seen too much harm done, in fact, believe I have seen more injury follow these vesical irrigations than I have seen good.

Dr. Frank Wieland presented a paper on "Urethral Fever." We were promised a synopsis of the paper and hence neglected to secure a digest of same. It was a most interesting paper dealing with case from which urethral fever developed as a result of introducing the sound. It was discussed as follows:

Dr. Clifford Mitchell:—In considering the various phenomena which may result from even the gentle passage of a smooth sound through the urethra, we must remember, first, that the penis is essentially a sexual organ, having a large and readily excitable nerve supply, hence easily susceptible to shock, with its resultant partial arrest of the heart's action, occasioning a corresponding failure in the circulation of the brain, and thus producing unconsciousness for a short time. This explains why men sometimes faint after the passage of the sound.

Second, it must be borne in mind that the kidneys are peculiarly susceptible to any violence done to the urethra, and a shock to the nervous system, due to the extreme excitability of the urethral nerve-supply, will result in a greater impairment of the nerve-supply to the kidneys than to other organs, and will cause a disturbance of the vascular supply of the kidneys, and usually an acute congestion of these organs. Now in kidneys previously nephritic an acute congestion may indeed cause death from acute uremia, supervening on chronic, in the short time observed in such a case as Dr. W. has described first. But in those cases of urethral fever, where the kidneys are not previously nephritic, it is difficult to understand why death from suppression takes place so rapidly, for according to Bouchard, the average man should live fifty-two hours after simple suppression of urine takes place, and, as you all know, patients not having urethral fever sometimes live for days without passing any urine. It is, then, in the case of previously healthy kidneys evidently not simply a question of suppression of urine, but a more complex one.

According to Rachford, xanthin and paraxanthin are present in the scanty urine of sudden and severe cases of acute renal hyperemia, and it is possible that in the acute hyperemia, due to urethral fever, these or other toxic agents are suddenly present in far greater amount in the blood than we know anything about. It has been observed that a hot bath is one of the best means of restoring the renal function in cases of urethral fever, and that after urinating the patient may recover. Similarly favorable results have been

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noted following hypodermics of pilocarpine 1-10 to 1-5 of a grain. So that, in some cases at least, the condition would appear to be one of toxemia, not that due to urea, potassium salts, or other normal constituents of urine, which, when not eliminated, cause death more slowly than happens in cases of urethral fever, but rather to a sudden and unexplicable increase in the amount of other toxic agents in the blood, as, for example, the xanthin bases, caused by the shock to the nervous system in general, and to reflex action on the kidneys in particular with its resultant effect on the blood.

Fenwick believes that in all cases of total suppression following passage of sounds or the catheter, all the essentials for the catastrophe are present but latent, and that the individual has been subject previously to attacks of congestion. Morris also believes the kidneys to be the cause of the suppression, the lesions varying from congestion through interstitial nephritis to abscess, but even supposing these ideas to be true, it is difficult to understand why the suppression results so speedily in death unless some toxin in increased quantity is suddenly present, the nature of which we do not understand.

Dr. Shears:—I would like to ask Dr. Wieland how long after rerecovery from typhoid fever was it that the young man's death occurred?

Dr. Wieland:—He was taken sick on the train, so the trainmen reported, and they put him off, when they found him delirious, several of the best physicians of the town were called in. Nobody knew what the trouble was, he was simply an insane man, wild with delirium, and died before he regained consciousness.

Dr. Shears:—How long after the attack of typhoid fever did this occur?

Dr. Wieland:—I do not know precisely. He had been up a week or more and had been gaining nicely. The urinary secretions appeared to be normal.

Dr. Shears:—I only ask this question to ascertain whether the death was due so much to the introduction of the sound as to later processes in this disease. At the end of the fifth or sixth week we know there remains in the system quite a considerable of the toxic influences of typhoid, and we also know that the system has not regained its tone and normal power of resistance six weeks after the beginning of typhoid. The question of shock comes in here and is important in its bearing upon such a case.

Dr. Fisher:—Would not that, if the result be from collapse, result in collapse and not delirium?

Dr. Shears:—In this case there might be an acute nephritis as it might occur as one of the symptoms of typhoid fever.

Dr. Wieland:—During the typhoid fever he made the usual typhoid progress in fair cases. There were two urinary analyses

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made of the urine which showed only what one would expect to find in these cases. I have always felt at perfect liberty to do anything with the urethra or bladder where the urine is acid and contains no albumin.

Dr. Shears:—I do not think this is a positive diagnosis but this is a case where the cause of death is much in doubt. It strikes me that it is due to some condition left as the result of typhoid. I have done a good many things with the urethra; I have taken wide liberty with it and have sometimes worked a half hour to introduce the sound but I must confess I never have had any serious complications arise and I thought this death might result from the previous attack of typhoid rather than as a result of passing the sound.

Dr. Wieland:—A young fellow telephoned me in regard to it and asked me if I knew the patient was dead, and he knew nothing of my passing the sounds. He said the patient was unconscious when he reached this town and local physicians were called in, but nothing could be done for him, and further informed me that he died of some urinary trouble. I don't know how he got the impression. I did not feel like discussing the case with him or anybody else. One thing is certain, the physicians who had the patient in charge never succeeded in getting reaction. I used to take the students down from the college and introduce the sound upon them just to instruct them in its use, but since this has happened I do not have the courage to do that.

Adjourned at 10:30.

CHARLES E. KAHLKE, M. D.,
President
WILSON A. SMITH, M. D.,
Secretary.

The Northwestern Ohio Homeopathic Medical Society.

The annual meeting of the Northwestern Ohio Homeopathic Medical Society was held in the auditorium of the National Union Building, Toledo, O., Dec. 10, 1901.

The meeting was very successful and well attended. Among those present were probably all of the homeopathic physicians of Toledo, besides many visiting doctors from other places. Wives and daughters of a number of Toledo doctors were also in attendance. Among the visiting physicians were noticed Dr. J. C. Wood of Cleveland, the president of the American Institute of Homeopathy, Dr. Gatchell of Chicago, and many other shining lights of the profession.

Promptly at 10 o'clock in the morning the meeting was called to order by the society's efficient president, Dr. J. H. McVay of Toledo.

President McVay made a lengthy and appropriate opening address, in the course of which he said:

"As homeopaths better organization is needful, for our existence; it is absolutely essential for our deserved growth. As physicians we need organization to protect our-

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selves against parasites and barnacles which sap our vitality and impede our progress. Surely all will grant the organization is needful. Our sole excuse for separate organization is our principle of prescribing. The question arises, do we devote enough time and energy to our materia medica? Is our school growing at the rate it has done in years past, and as it should do? If so, what are the causes? I am not a pessimist, but I honestly believe that the question put must be answered in the negative. The causes of course are manifold.

"In the first place, the greatest reason why more time is not spent on materia medica, is because during the past 25 or 30 years, the medical profession has been intoxicated with the developments of science looking to the cause of disease. Practically the whole knowledge of surgery, pathology, bacteriology and biology has been evolved within that time. Most of the thought and work of men has been directed along these lines, with little or nothing at the curative end. The revelations of science have fairly taken away the breath of all humanity, and not the medical profession alone. The cause of disease, pathological structure, biological development, physiological processes and chemical affinities are now fairly well established. It is time we settle back and down to more materia medica.

"The conditions which confront the medical profession today are probably more disheartening than ever before in the history of the race. Medical men have done much more for humanity during the past generation than during any century before, but the public expects even greater things. There is a great wave of unrest in the minds of people toward the science of healing. As a consequence, divine healing, physical culture and a score of other cults flourish in our midst because the people are looking for more and better results than the medical profession is giving them.

"There is a force in the human economy which the Christian Scientists utilize. We, as physicians, should recognize it and use it where it is applicable. There is some virtue in osteopathy. We should incorporate its useful features into our armamentorium. And so on through the entire list, our duty is to recognize the good and leave out the useless.

"But with all our adjuncts the great foundation corner stone, our materia medica, needs our best work. It requires repairing and revising in the light of the present day knowledge. A movement is on foot with this end in view. It should have the hearty assistance of every college and of every homeopath. Furthermore, in every locality we should have materia medica and clinical societies, meeting frequently — at least once a month.

"My colleagues in Toledo are as able and clever a set of men with an

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unusually small amount of inharmony as can be found in any city. But it is next to impossible to get more than a half dozen to show the slightest interest in united medical work. Another effort will soon be made in Toledo for the maintenance of a materia medica and clinical society meeting every month.

A committee consisting of Dr. W. A. Dewey and Dr. C. B. Kinyon, of Ann Arbor, made a very complimentary report on the President's address. The entire society assembled, and the invited guests also paid close attention and were deeply impressed with Dr. McVay's appropriate remarks.

Dr. J. Ritchie Horner, of Cleveland, presented a suitable memorial on the death of Dr. John A. Gann, of Wooster. This was unanimously adopted, and a copy will be engraved and promptly sent to the bereaved family.

The Department of Clinical Medicine was then given the floor and proceeded to entertain the convention with several carefully prepared papers. The chairman of this department, Dr. L. K. Maxwell, announced that the first subject to be considered was "The Treatment of Acute Rheumatism." On this topic an able paper had been written by Dr. W. B. Hinsdale of Ann Arbor. As that gentleman was unavoidably absent, his excellent article was read by Dr. W. A. Dewey. The paper was well received and was followed by a brief discussion, which was led by Dr. Christian Zbinden of Toledo.

"Endocarditis" was the subject of the next paper, which was prepared and read by Dr. F. C. Crawford, of Toledo, and its discussion was led by Dr. O. C. Rees of the same city.

Dr. L. K. Maxwell, Chairman of the Clinical Medicine Department, then favored the assembled physicians with an interesting and carefully prepared paper on the subject of "Nephritis." A vigorous discussion followed and was participated in by Dr. Biggar of Cleveland, Dr. Neibling of Findlay, and several other prominent physicians.

The morning session then adjourned, to meet again at 1:30 p. m.

Upon reassembling in the afternoon the President called the meeting to order and stated that the Department of Surgery, of which Dr. H. M. Flower, of Toledo, was Chairman, would proceed to entertain the convention with papers relating to the important subject of surgery.

Chairman Flower then introduced Dr. C. E. Sawyer of Marion, who read a carefully prepared article entitled "Myomectomy, with Case." Dr. Sawyer's able paper was very interesting, and its reading was followed by a discussion which was led by Dr. H. F. Biggar of Cleveland and was participated in by several other eminent doctors.

Dr. Dean T. Smith of Ann Arbor, read an excellent paper on "Septic Wounds and Sinuses." The discussion of Dr. Smith's excellent

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article was led by Dr. M. P. Hunt of Columbus.

"Homeopathy in Surgery" was the subject of an able paper read by Dr. H. M. Flower of Toledo, Dr. E. M. Goodwin of the same city leading the discussion which followed.

The department of materia medica was then called upon to entertain the assembled physicians. Dr. A. N. Reddish of Sidney is the chairman of this department.

Dr. W. A. Dewey of Ann Arbor read an interesting article on the subject of "Practical Pointers in Potency." The discussion of his paper was led by Dr. L. C. Barnhill of Findlay.

"Anti-Toxin, a Protest," was the title of a carefully prepared paper furnished by Dr. W. B. Carpenter of Columbus. The discussion was led by Dr. D. A. Stafford of Toledo. Dr. Stafford favored the use of anti-toxin. Several other physicians participated in the exciting discussion. Some of the speakers were vigorously opposed to anti-toxin, while others were heartily in favor of its use.

The department of gynœcology had but one paper to read, and it was supplied by Dr. M. H. Parmelee, whose subject was "Some Experiences with the New Hæmostatics." Dr. Parmalee's paper was quite interesting, and its reading was followed by a discussion which was led by Dr. B. C. Kinyon of Ann Arbor.

Before announcing the adjournment of the afternoon session, President McVay extended a cordial invitation to the visiting doctors to dine at the Toledo Club at 6 p. m., where they would be the special guests of their homeopathic brethren of Toledo.

The chairman of the Committee on New Members reported favorably on the applications of Dr. B. C. Kinyon of Ann Arbor, Dr. L. C. Barnhill of Findlay, Dr. F. W. Knight of Portage, Dr. E. H. Damon of Rossford and Dr. Z. W. Shepherd of Toledo, and all of those gentlemen were unanimously elected as active members of the society.

The convention was brought to a pleasant close with the dinner given at the Toledo Club by the Toledo members of the society in honor of the visiting members. The dinner formed a very fitting culmination to the meeting of the society. Nearly 50 were present and enjoyed the hospitality of the local society, included among whom were several ladies and other guests of the society.

The dinner, a very elaborate one, was served in the commodious dining-hall of the Toledo Club house, after which President J. H. McVay, who acted as presiding officer, introduced Dr. J. C. Wood, of Cleveland, who delivered an address on "The Five Great Events in the History of Medicine," and outlined these five great events as being the discovery of the circulation of the blood in the human system, vaccination, the discovery of ether and chloroform as

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anaesthetics, micro-organisms in disease, and the promulgation of homeopathy. The address was a very interesting one, and exceedingly well presented. Dr. Wood included in his address an extended invitation for all present to attend the next meeting of the society which will be held in Cleveland next June.

Another interesting address was given by Dr. Gatchall, of Chicago. He spoke on the methods of widening the influence of homeopathy and the means of propagating the school.

Dr. H. F. Biggar, of Cleveland, also made a few remarks.

The after portion of the evening was given to a reception, after which many of the visiting members left for their homes. Among those present last evening were Dr. C. B. Kinyon, Dr. Dean M. Smith, and Dr. W. A. Dewey, Ann Arbor; Dr. J. C. Wood, Dr. J. Richey Horner and Dr. H. F. Biggar, Cleveland; Dr. F. W. Knight, Portage; Dr. C. H. Spencer, Bowling Green; Dr. L. M. Bunnell, Adrian; Dr. L. Gillard, Sandusky; Dr. E. H. Damon, Rossford; Dr. J. H. Johnson, Wauseon; Dr. E. E. K. Chapman, Defiance; Dr. J. W. Crismore, Helena; Dr. C. S. Sawyer, Marion; Dr. M. P. Hunt and Dr. W. B. Carpenter, Columbus; Dr. Mabel Dixey, Fremont; Dr. L. C. Barnhill, Findlay; Dr. Bowman, Upper Sandusky; Dr. G. W. Rhonehouse, Maumee City.

Among the Toledo physicians present were noticed Drs. C. E. Stafford, F. A. Stafford, C. H. Strong, A. C. Roll, L. K. Maxwell, J. H. McVay, H. M. Flower, E. M. Goodwin, William Watts, W. S. Walker, N. R. Simmons, M. H. Parmelee, A. T. Barnum, O. C. Rees, Emma Hayes Boice, B. W. Dawley, W. A. Humphrey, Sarah Davies, Emma Butman, Z. W. Shepherd, Ola M. Buckman, F. A. Kirch, Mary Munson and F. C. Crawford.

Following are the officers of the society: President, Dr. J. H. McVay, Toledo; first vice president, L. P. Gill, Gibsonburg; second vice president, Dr. G. W. Rhonehouse, Maumee City; secretary, Dr. W. A. Humphrey, Toledo; treasurer, Dr. N. R. Simmons, Toledo.

Board of censors — Dr. Christian Zbinden, Dr. A. C. Roll and Dr. H. M. Flower, all of Toledo.

The place and date of holding next meeting was left to the decision of the executive officers, to whom a hearty vote of thanks was tendered before the adjournment of the society. R. S. O.

The Homeopathic Medical Society of Dayton, Ohio.

An interesting meeting of the Homeopathic Medical Society of Dayton, O., was held at the residence of Dr. W. J. Blackburn, No. 1111 Wayne avenue, Monday evening, Dec. 9.

Dr. William H. Webster, the president of the organization, was unable to attend the meeting. On

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account of his absence, Dr. Curtis Ginn was elected president pro tem. for the evening. Dr. Ginn made an excellent presiding officer.

After the reading and approval of the minutes of the preceding meeting, some business of minor importance was disposed of.

The principal feature of the evening was furnished by Dr. W. J. Blackburn, who read an interesting and carefully prepared paper on the subject of "Anesthetics." He confined his paper mainly to the consideration of the three general anesthetics—nitrous oxide, chloroform and ether. Dr. Blackburn gave a thorough and able discourse on his important subject, and concluded with some brief remarks on anesthetics in general.

After the finishing of the reading of Dr. Blackburn's learned essay, the members of the society participated in a general discussion on the subject referred to in his able paper.

About 11 p. m. a delicious luncheon was served by a prominent caterer and his skillful assistants. The brilliant assemblage of physicians did ample justice to the luncheon, after which some high grade imported cigars were passed around. The excellent cigars were also appreciated by the doctors present, among whom were noticed Dr. Curtis Ginn, Dr. H. W. Dickinson, Dr. H. J. Guy, Dr. J. M. Wine, Dr. W. W. Ensey, Dr. J. E. Welliver, Dr. H. E. Palmer, Dr. Frank Webster, Dr. H. F. Littell, Dr. C. J. Krehbiel, Dr. T. L. Laughlin, Dr. T. A. McCann, Dr. G. W. Miller, and Dr. F. W. Murphy. After listening to several learned and profound after-dinner speeches the meeting adjourned about midnight.

The flourishing organization will hold its next meeting Jan. 6, 1902, at the residence of Dr. H. W. Dickinson, on West Third street.

R. S. O.

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Correspondence.

Editor THE MEDICAL VISITOR:

I notice on page 668, of the November issue, No. 11, an article from Dr. R. Jones, (*Medical Brief*) entitled "Treatment of Acute Appendicitis," in which I do not see anything new, or especially scientific.

First, the frequent use of morphine, hyperdermically or by stomach, is contra-indicated on account of its antagonism to all curative remedies. The turpentine stupes are old, ineffective and irreliable. The oiling of the linseed meal poultice overcomes all good. The poultice might do, except that which would come from applied heat, just as well use a hot-water bag.

Dr. Jones finally follows with the only curative remedy recommended so far; the copious enemas of glycerine, which would be much better supplemented by free uses of normal saline solutions, at a temperature of 100° to 104° Fahrenheit, introduced beyond the sigmoid flexure by the use of Coles' Sigmoid tube, never using less than four to five quarts of solution at one time. In this manner you perform three functions at the same time; first, of importance, you unload the congested bowels; second, of greater importance, the full enema flushes the dormant and congested capillaries; third, the saline solution is cleansing, and sufficient would be absorbed to remove any malarial tendency that may exist in the patient.

I frequently alternate the saline solution with calendula or hypericum five per cent. solution, giving an enema as above, every three to six hours, as the case may seem to require. My local application always, is warm antiphlogistine, changed every twelve to twenty-four hours, as required by the severity of the case. Antiphlogistine has always proved to me to be all its name implies.

Dr. Jones does not mention any internal remedy, or medication, except castor oil and olive oil. To shorten the course of this dread disease, and prevent its passing to the stage of surgical interference, which is so often fatal, we have a world of valuable remedies, from which we may select the true homeopathic remedy.

In the treatment of acute appendicitis, in concurrence with the above treatment, I invariably use veratvir, belladonna or bryonia, with an occasional dose, perhaps not more than one, three to four ounce dose of virgin olive oil, and I have never lost a case of acute appendicitis.

Oliveoil doses may be given every twelve to twenty-four hours when required. I do not use castor oil, because it often irritates the bowels and causes more harm than good. The olive oil can be given quite

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warm, followed by a glass of hot water, which will remove all disagreeable taste.

J. H. DRAKE, M. D.,
Of The Drake Sanitarium,
Des Moines, Iowa.

TO THE EDITOR:

Dear Sir—I am so well pleased with THE MEDICAL VISITOR, that I would rather miss one meal a day than do without your journal—I call it mine. Its name is certainly an appropriate one for I have a pleasant visit with fellow members of the profession all over the United States in its news columns and, besides, I generally get a goodly number of excellent mental meals, well seasoned. Please continue its visits, and when subscription expires notify me without stopping. I know of no other journal where one gets so much for a dollar as he does in THE MEDICAL VISITOR, and unlike another journal it aims to build up rather than tear down. Any fool can criticise, but the brain which can create is a genius.

Permit me to wish you A Happy New Year—in fact, many of them.

Fraternally yours,
G. L. FREEMEYER.
Benton Harbor, Mich., Jan. 1, 1902.

Book Reviews.

PRACTICAL MEDICINE. By F. Mortimer Lawrence, A. M., M. D., Assistant in Practice of Medicine, Hahnemann Medical College; Chief of Medical Clinic, Hahnemann Hospital Dispensary, Philadelphia. Boericke & Tafel, 1901. Price, cloth, $3.00; by mail, $3.25.

Dr. Lawrence has aimed to make a book fitted for the use of students, and he has admirably succeeded. The description of diseases, etiology, pathology, symptoms and treatment, are all concisely given, and only the salient points mentioned. He recommends the indiscriminate use of antitoxin as soon as the diagnosis of diphtheria is made, a suggestion with which we fully disagree. Outside of this short criticism we have only commendation for the work and believe that physicians, as well as students, will find much of value in it.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By A. C. Cowperthwaite, M. D., Ph. D., LL., D., Professor of Materia Medica and Therapeutics in the Chicago Homeopathic Medical College; formerly Professor of Materia Medica and Therapeutics in the Homeopathic Medical Departments of the State Universities of Iowa and Michigan; Ex-president of the American Institute of Homeopathy; Ex-president of the State Homeopathic Medical Societies of Illinois, Iowa and Nebraska. Author of Text-Book of Materia Medica and Therapeutics, etc., including a section on Diseases of the Nervous System, by N. B. Delamater, A. M., M. D.,

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Professor of Mental and Nervous Diseases in the Chicago Homeopathic Medical College, Chicago. Halsey Bros. Co. 1901. Price, cloth $6.00. One-half Morocco $7.00.

Dr. Cowperthwaite has done his work well. A book that will often be found on the reading desk of the fortunate possessor, for, like its author's instruction in Materia Medica, the book *instructs*. The indications for remedies, *i. e.*, the symptoms given under each drug, are clear cut, tersely, and clearly expressed and easily enables one to differentiate the drug called for in any given case.

Under some of the diseases we find mention of some of the adjuvants which will probably throw the Nosode practitioner into hysterical spasms but the physician who believes "his highest duty is to heal the sick," will greet these practical suggestions. We are rather pleased, in fact coincide with Dr. Cowperthwaite's views regarding the use of antitoxin in diphtheria. He says "As regards the general and indiscriminate use of antitoxin as a prophylactic, I am convinced of its *great harmfulness* (italics ours) and am quite well assured that its evil influences many times more than outweigh its possible usefulness. I should only use it in the presence of a very malignant class of cases, and not at all in an epidemic of tonsillar diphtheria."

One can heartily endorse such a scientific view as the above. Prof. Cowperthwaite realizes that he has a patient to treat and his long years of experience in homeopathy has been of sufficient service to him to enable a proper value to be placed upon any therapeutic measure.

The addition of the Section on Nervous Diseases by Prof. N. B. Delamater makes it a most complete and up-to-date Practice.

The mechanical part of the work, the paper, presswork and binding is in keeping with the prominent house that has issued it, and we extend our thanks to Halsey Bros. Co. for the privilege of reviewing this splendid volume.

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THE MEDICAL VISITOR

VOL. XVIII. FEBRUARY 1ST, 1902. NO. 2

Original Articles.

GYNECOLOGICAL CLINIC.

CHICAGO HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL.—SERVICE OF PROF. SHELDON LEAVITT, M. D.—RECORD BY DR. A. LEWEY.

CASE VII.—Mrs. O. aged 35; housewife, sent to the clinic by Dr. E. L. Smith. Married ten years; negative family history; menstruation regular and free. Her general health has been good and her appearance is moderately vigorous. Has had no children. Miscarried at three months about ten years ago. Her present troubles began four or five months after the miscarriage. The first thing noticed was a severe pain in the left ovarian region which came at intervals. Shortly afterward a yellowish purulent-looking discharge from the vagina was noticed. Consulted a physician three months subsequently, at which time she was confined to the bed for five or six weeks. Ever since she has suffered the same pain at intervals. It is always worse from work and at the menstrual period. She has headache, frequent micturition and occasional pain in right ovarian region.

Physical examination disclosed a movable uterus, but a sense of thickening in the left tube. Specific gravity of urine, 1025; no albumen or sugar; urea eight and one-half grains to the ounce.

She was operated October 18th in the amphitheatre, Drs. Lewy and Wolf assisting. There was left hydrosalpinx. The fimbriated extremity of the tube was glued to an enlarged and cystic ovary. Both tube and ovary were removed. The abdominal wound was closed in three layers with formaldehyd catgut. The skin edges were coapted by a subcuticular stitch. Time of operation, twenty minutes.

On the third day the temperature reached 102.1° and the pulse 90, twelve hours after menstruation had set in. The catheter had to be used occasionally. Sat up on the twenty-first day and left the hospital a few days later. The wound healed by first intention, and there was no recurrence of the old pain.

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REMARKS BY PROF. LEAVITT.

From the account given of this case by Dr. Smith, I was prepared to find an ancient pyosalpinx, but I found, instead, a hydrosalpinx, or sacto-salpinx serosa. There was evidence of former pelvic peritonitis in the adhesions which bound the tube and ovary in their situation, and made release of them, without rupture of the thin-walled tube, somewhat difficult. The value of the Trendelenburg position was again emphasized in this case. Like as in most of these developments the distention was largely in the outer end of the tube, and was about the size of my middle finger.

The ovarian artery was tied with stitch ligatures below the infundibulo-pelvic ligament and also near the uterine horn, and the raw edge of the divided tissues was puckered by stitching and wiped with strong carbolic acid.

Soon after appearance of the menses, which came prematurely, the temperature ran up to 102.1°, as the foregoing record shows, but did not remain high, though for some days it was often above normal. We have elsewhere remarked our observation of temperature elevation near the on-come of menstruation when it appears soon after abdominal section.

CASE IX.—Mrs. M., aged 39; housewife; stout and healthy-looking. Was well until nine years ago, when her only child was born. Suffered a complete laceration of the perineum which she declined to have repaired. She has suffered ever since with weakness, nervousness, lumbar and sacral pain, occipital headache and leucorrhea. Menstruation has been irregular, often coming at three weeks, and always accompanied by aggravation of her bad feelings. Has pain in right ovarian region when on her feet. Is troubled with insomnia. Often urinates twenty times a day. Has poor control of the bowel movements.

Physical exploration disclosed complete perineal laceration with anterior and posterior colpocele, subinvolution of the uterus and endometritis. Pulse excited, 120 to the minute.

The operation was before the class, November 19th, consisting of curettement, anterior colporrhaphy, and Emmet's operation for repair of the perineum.

There was unusual retching and vomiting from the ether which greatly strained the sutures. Some of the stitches on the anterior face of the perineum failed to hold, even the crown suture cutting out. She was discharged December 9th.

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REMARKS BY PROF. LEAVITT.

Here was a young woman who had suffered for nine years from the effects of a completely-lacerated perineum. She was advised by her accoucheur of its existence, but, with childish obstinacy, she refused to have it repaired; and yet now she is disposed to condemn him for not insisting on submission. Had he not told her, she probably would have called him to account in the courts for no more suffering and disability than she, without self-condemnation, brought on herself.

It was a case to which Emmet's operation was peculiarly suited. Kelley, Dudley and others have modified this operation in some particulars without materially improving it. In this instance, I myself introduced a modification to meet existing conditions, by incising the tissues on either side of the anus, so as better to expose the broken ends of the external sphincter ani, the sutures at these points then being so introduced as to open the incision and approximate the two retracted and separated sides of the anus by broad surfaces.

Repair was somewhat modified by the excessive strain put on the sutures in the violent retching and vomiting that followed the anesthetic; but it was fairly satisfactory, and the result fulfills our general purpose.

The woman herself was excessively nervous, owing, doubtless, in part, to her unfortunate environment. Having married against her parents' wishes she has been subjected to harassing domestic conditions calculated continually to destroy her equipoise. In spite of this, however, I have no doubt that she will obtain much relief from her surgical experience.

CASE X.—Kate Smith, aged 25, occupation laundress. Family history: mother troubled with asthma; otherwise negative. Four years ago patient was run over by a wagon, sustaining injuries to the head and abdomen, at which time she was unconscious about twenty-four hours. Since then patient has been subject to epileptiform convulsions, which she claims come on only during menstruation and in the forenoon. Does not sleep well; appetite poor; menstruation irregular, sometimes missing a month, or even three or four months; pain considerable, flow profuse. Marked leucorrhea. Frequent headaches.

Operation, Nov. 12th. Vagina and perineum very much relaxed and red. Uterus flabby. Preliminary curettement and orificial work. Double oophorectomy. When about to close abdomen considerable hemorrhage was noted, which was discovered to come from a branch of the ovarian artery, which was ligated. A few adhesions were found, and tissues were very friable.

Convalescence. Patient had a convulsion on Nov. 14th, another on Nov. 15th, three on Nov. 21st and four on Nov. 29th. These convul-

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sions occurred regardless of the time of day or of menstrual epoch, and there was loss of consciousness with nearly all of them. The highest temperature was 100.3°, pulse 90°. Patient sat up on Nov. 27th, and was discharged Dec. 4th. She has since reported herself back at work and much better.

REMARKS BY PROF. LEAVITT.

I was induced to operate on this woman by her assurance that she suffered the epileptiform seizures only at the menstrual periods. After operating I learned that this statement was untrue. The symptoms were temporarily aggravated; but I have recently learned that she is much better and able to do her usual work. There has been evident and continued improvement, so that we may hope for much permanent benefit.

In doing this operation, which, like all clinic work, was done in the amphitheatre and before the whole class, I had the patient in the Trendelenburg position. After making the abdominal incision I fished out the ovaries with my fingers, and removed them without lifting the uterus, as I commonly do, with the double tenaculum. Having finished this part of the operation, I decided to suspend the organ to the parietal peritoneum because of a disposition to retroversion, with which end in view I seized the organ with the tenaculum forceps and elevated it. From subsequent evidences I am convinced that this action so pulled upon the somewhat pucked pedicle as to release an artery. The suspensory sutures having been inserted and the parietal peritoneum having been partly closed, I observed blood welling up through the wound. The stitches were at once cut and a search for the bleeding vessel was begun. It eluded me for sometime, but was finally located and tied.

As considerable blood had been lost, I washed out the coagula and then left the pelvis full of salt solution, the patient having been restored to the horizontal position. Fortunately the woman suffered no inconvenience from the accident.

Case XI.—Mrs. R., aged 33 years; housewife. Fairly nourished. Mother died of consumption when 37 years old. Patient was well till three years ago, save for matter of headaches probably occasioned by atrophic rhinitis, from which she was relieved by treatment at the dispensary. Has had four children. Was attended by a midwife, and had difficult labors. She suffered a miscarriage last summer, since which accident she has been more miserable. Now has frequent vertical headaches, lumbo-sacral aching, and pains in the left hypochondriac and iliac regions.

The cervix is divided into three sections by lacerations, one of which runs deeply into the left vaginal fornix. There is a line of cicatricial

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tissue on that side which indicates a rent originally involving the vaginal vault, and drawing the uterus slightly toward the left. On close inspection a pocket was found in this region, marking the sight of a probable slough.

The urine is normal in quantity and quality. The blood shows 90% hemoglobin.

The operation, done November 26th, consisted of dilatation, curettement, and trachelorrhaphy.

The patient urinated normally after the first day, and had normal pulse and temperature throughout her stay. She had a few mild pains in the head and the iliac regions, but otherwise went away much improved.

REMARKS BY PROF. LEAVITT.

There is little to be said concerning this case. The traumatism which accompanied labor must have been unusually severe. It may, or may not, have been due to want of skill in the midwife. On two occasions in my own practice I have found, after instrumental delivery, marks of the cutting action of the forceps in the vagina, near the cervix. The midwife did not use instruments, as far as we know; but the heads may have been of mammoth proportions, or the cervix and vagina relatively contracted. I have discovered so many imperfections in my own work, that I never condemn an attendant, even though she be a poor midwife, without knowing all the circumstances.

This woman's stay in the hospital was prolonged because of an accident with which I have little patience, a burn from an unprotected hot-water bag. In both hospital and private practice it occurs far too often.

THE OPTHALMOSCOPE IN THE HANDS OF THE GENERAL PRACTITIONER AN AID TO DIAGNOSIS.

BY W. C. CONVERSE, M. D., ASSOCIATE PROFESSOR DISEASES OF THE EYE AND EAR, CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

The general practitioner, as a rule, looks upon the opthalmoscope as an instrument belonging solely to the eye specialist, and to him an exact means of diagnosis in eye conditions alone, and it is consulted as a last court of appeal, instead of a first court, and by so doing our friend, the general practitioner, neglects a valuable adjunct to exact diagnosis in general medicine. Bacteriology and hematology, important as they are, as assistants in making exact diagnosis and prognosis in disease, are in their way no more valuable than the opthalmoscope is in its way, and the technique of the opthalmoscope is no more difficult of acquiring

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than that of the microscope and the daily practice in its use not only assist in diagnosis, but trains the observer to a quickness in noting deviations from the normal in subjective as well as objective symptoms.

With the ophthalmoscope we are not only able to study diseases of the fundus oculi, but are also enabled to recognize diseased conditions of the general system, or of organs far removed from the eye.

In the retina we have minute ramifications of an artery and vein indicating the cerebral circulation and pointing to vascular disease or alterations in the character of the blood. In the optic nerve we have an optical section of a cranial nerve and the state of the optic disc shows us not only that the path of conduction between the retina and nerve center is interfered with but may also indicate disease located in the brain or spinal chord or disseminated throughout the nervous system.

In the choriod, the most vascular membrane in the body, we meet inflammation more often than in the retina or nerve and in it we have corroborative evidence of the presence of syphillis or tuberculosis. Frequently we are enabled to diagnose kidney disease before the patient or his physician is aware there is any kidney lesion whatever, and in some cases foretell a coming nephritis before a chemical or a microscopical examination of the urine shows any abnormality, for in a slight per cent. of cases (as Weeks has shown) there is a fatty degeneration and atrophy of the nerve fibres of the retina preceding disease of the kidney.

It is also possible to diagnose leukemia from the appearance of the retinal blood vessels. The characteristic feature being that of the arteries and veins having the same color which is almost white, due to the increased number of leukocytes, the veins being recognized by their increased diameter and their excessive tortuosity.

As the general practitioner is aware that occasionally it is difficult to make a differential diagnosis between typhoid fever and meningitis in the early stage, the ophthalmoscope may here be able to settle the question, for in meningitis we often find an optic neuritis. It is this neuritis that causes at times a permanent loss of sight. When the cerebral condition begins to improve the neuritis lessens and the subsidence of the neuritis is sometimes the first indication of the improvement in the brain lesion. Thus giving a prognosis as well as a diagnosis. As about 50% of the cases of atrophy of the optic nerve accompany or is one of the initial symptoms of locomotor ataxia sometimes occurring a few years before incoordination is developed the recognition of this fact will help one to make a so-called brilliant diagnosis.

In papillitis with a serous infiltration called choked disk there is a swelling of the optic nerve so that it extends out into the vitreous. If

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the surrounding retina is not infiltrated the border of the swollen nerve will be well marked and its great increase in size will at once attract your attention. The arteries seem small and the veins strangulated and there may be pulsation in the veins, some authorities claim that 95 per cent. of the cases are due to an intracranial tumor either of the brain substance of the meninges of the bony walls of abscesses, gummata tubercles, cysts, or an aneurysm. The most frequent location of the tumor being in the cerebellum. The way in which brain tumors cause an optic neuritis is still in dispute, the old explanation being an increase in intracranial pressure, the pressure upon the unyielding walls of the channels through the lamina cribrosa act like the abdominal rings in a case of strangulated hernia, the pressure having its greatest effect on the outflow through the veins than upon the inflow through arteries.

This theory has considerable support from the fact that in many cases of brain tumor, cerebro-spinal fluid was found in the inter vaginal space of the optic nerve. The other theory that it is not only due to a stasis but that there is an active inflammation produced directly or indirectly by the tumor from the cranial cavity down to the nerve head. One can readily see the importance of a recognition of this condition and the flood of light the ophthalmoscope will throw upon diagnosis in headache, coma, delirium, etc. that may be due to cerebral tumors.

In the cupped disk we have the opposite of the choked disk, that is a sinking back of the disk making what is termed an excavation, this means increased intraocular pressure the name for which is glaucoma, usually glaucoma cases accompanied with severe neuralgic pains in the temples are treated, when a mistake in diagnosis is made, as a simple neuralgia and the eyes as an etiological factor are overlooked until too late to save the sight, here the ophthalmoscope again would have revealed the cause of the neuralgia in time to save the patient's sight and the physician's reputation.

SOME OBSTETRICAL EXPERIENCE.

BY J. D. VARNY M. D., CHESTERVILLE, I.

Seeing a note in The Medical Visitor calling for cases met in every day practice, I will report two cases which were of interest to me, and perhaps someone will be amused if not instructed by them.

One dark, rainy night I was called to one of the most uncleanly places it has been my misfortune to meet.

Mrs. H., aged 34; blond; about seven months along, having had six children. She was suffering intense pain and flowing profusely. Puls. was given, which quieted the pain and checked the flow for a time.

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On examination, the os was found to be dilated about the size of a quarter and on one labia was noticed a large hematocele as large as a goose egg. Her hips were elevated, hot applications and every means to prevent labor were used, but pains soon grew more intense and flow more profuse. Then dilatation was forced and she was delivered, and by persistent methods the baby was made to breath, but owing to the destitute circumstances could not be saved. It died within an hour.

The pains at once stopped and the placenta had to be taken, the hand being used in place of curette. Hemorrhage was controlled by Crede method and hot douches of a creoline sol. The hematocele was lanced and clots twined out and thoroughly washed out with same sol. Puls. being continued, the patient went on to complete recovery. Up on the ninth day.

The peculiarity of this case was the hematocele which I have seen only in this case, also that she was not infected owing to the surroundings.

Case No. II.—Mrs. F., aged 25. Primipara. One leg being six inches shorter than the other, one acetabila being 2½ inches higher than the other, thus twisting the pelvic outlet and on examination the congugate diameter was found somewhat smaller.

The pains were forcable but head would not engage but played around the os pubes above the straight, head being in R. O. A. position.

The people became frightened and thought that she could not give birth to the child, but by applying firm pressure deep over the pubic arch with one hand and pressure above with the other the head entered the straight and she was delivered of an 8-lb. baby without forceps and without laceration and made a good recovery, with some after-pains, however, which were quickly controlled by cimicifuga 3x.

"GIVE THE DEVIL HIS DUES."

BY J. D. GRAYBILL, M. D., NEW ORLEANS, LA.

On page 743 of the December Medical Visitor, Dr. S. H. Hodgson, of the U. S. Navy, is quoted as authority for the use of cedron, in yellow fever; and also stating that the natives of Central and South America use it as a specific in snake-bites. The late Dr. S. M. Angell, of this city, told me that he used cedron in the epidemic of 1878 for the severe headache, with red face, and congested eyes, in cases where bell. seemed indicated, but did no good. During our late epidemics of 1897, '98 and '99, I treated 246 cases without the loss of a single case. I think I used cedron in fully one-half the cases.

Now as to the snake-bites, I will copy from Teste's M. M., pages

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576 and 77. This book was published before Dr. H. saw daylight. Mr. Hellert was able to procure the cedron, which had been represented to him as an infallible antidote against the bites of poisonous serpents of the countries adjoining the equator. He soon was given an opportunity to try the antidote on his own person. In one of his excursions in the cordilleras of Veraguas, while turning over a fragment of rock, he was bitten in the right leg by a coral snake, the most poisonous snake on the isthmus of Panama. During the few seconds which it took him to take the antidote out of the little bag which he had suspended around his neck, he was seized with violent pains at the heart and throat; but he had scarcely chewed and swallowed a small portion of the cedron, of the size of a bean, when the pain ceased as if by magic. An oppressive and general prostration remained. He chewed another portion of the same fruit and applied it to the wound, and in a quarter of an hour, all he felt was a slight colic, which disappeared after eating a little.

Thirteen months afterwards, six natives, while clearing a piece of ground in the neighborhood of Panama, were likewise bitten by a coral snake. Two took the antidote and were saved; the other four omitted to take it, and died in about five minutes, in the most horrible convulsions. On page 581 we find the following: At the beginning of the summer of 1851 one of my friends, Prof. Demler, had to go to Martinique on business. I gave him a vial of the sixth atten. of cedron, with directions for use. Although he had no occasion to use the medicine on himself, he used it on others, until not a single drop was left. My vial was not labeled — for the allopaths would have spit upon it with a label — went through the whole colony, under the mean appellation of a secret remedy. This procured for it access to all families, and did such wonders, that a physician of Martinique sent a report on the subject to *Gazette Medicale* of Paris, where I was named, although my name was strangely misspelled, Peste, instead of Teste.

You will see from the above that Dr. Hodgson has not made any great discovery; he has simply taken up a lost art. Lost by homeopathic physicians 50 years ago.

CASES FROM MY NOTE BOOK.

BY W. M. BALDWIN, M. D., NEWARK, OHIO.

At your earnest solicitation to hear from the medical profession, I hereby offer my mite by noting a few ceses. Before proceeding I desire to say that no one went to their task with less faith than the writer in accomplishing results, and as a consequence found just what was looked for—failure. But for reasons too long to relate here, a

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kind Providence seemed to turn the scale with these patients, as the following will illustrate:

Mr. S. T., tailor by trade, came to my office in September, 1876. His age 35, height 5 ft. 10 in., light hair, fair skin, blue eyes. Chill each day at 9 o'clock a. m.; fever and thirst all day; pulse 130; circumscribed spots, very red, on each cheek; loss of appetite, with extreme emaciation; cough, with large quantities of muco-purulent discharge; bowels constipated; night sweats. The regulars had given him up after many months' treatment, and he came to me with no faith.

His symptoms seemed to call for sanguinaria 30th, which he got three times daily for two days, then placebo. His diet was scraped beef, fine as butter, with thin baked biscuits. No yeast bread, no butter or fruits. On third day chill and fever lessened, appetite gained, and slept better. Prescription continued. After seven days a frightful facial neuralgia set in for which the patient begged for relief. He was assured, while very hard to bear, the symptom was salutary and that to stop it meant return of severity of other symptoms. This continued for about one week, patient imploring for help each day, when it subsided.

By this time appetite had improved and all of other symptoms correspondingly lessened. Sang. 30th continued, three doses morning, noon, and evening, then placebo; diet increased by adding mashed potatoes, game, oysters, egg-nog, peas.

Oct. Sulph. cc.; except slight cough patient entirely well of all symptoms.

Saw patient lately, still in good health, now twenty years since his cure.

Was called to see Mr. A. C., B. & O. caller, aged 20; married; height 5 ft. 2 in.; weight 100 lbs.; dark hair, eyes and skin. One year previous father died of consumption.

Emaciation, loss of appetite, confined to bed with weakness. Morning chill, fever balance of day. Cough, with large quantities of grayish muco-purulent discharge, some blood; voice very weak; pulse 130; night sweat; sharp, shooting pains over both lungs. Kali carb. 200th, every six hours for two days followed by placebo.

Diet, scraped beef, thin biscuits, peas. In three days all symptoms began to lessen and he made an entire recovery in nine months with an occasional dose of kali c. 200th and strict diet. He is strong and well today, now nineteen years since he was under treatment. After 32 years' experience I find 90 per cent. cures in above cases, with proper diet and exact homeopathic remedy.

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A PECULIAR ACTING UTERUS.

BY J. A. WHITNEY, M. D, WARE, MASS.

A short time ago I confined a lady with her fifth child. Labor pains set in at about noon on the 28th. Pains were not good during first stage, only coming one an hour until eight o'clock at night when they stopped altogether, and did not return until about six o'clock the next morning. The pains came two at a time, in close order, with an hour in between. At eight o'clock she had two pains and none until ten o'clock; dilation was complete and the head was presenting normally L. O. A.

The pains were not doing any good, and I began to think I was in for a long time at that rate, so I took a very small pair of Tiernam forceps and applied them. On making very gentle traction good labor pains were induced, and with four such pains the child was born, without any laceration of perineum or the use of chloroform. No pain was caused on applying forceps, but there was considerable fuss made about the pains which the traction produced, although no force was brought to bear upon the forceps.

After making the child's toilet, (following the Dr. Grosvenor method) I waited some ten or fifteen minutes for the uterus to expel the placenta, but no pains came even with considerable kneading upon the uterus through the abdominal walls, and also upon the cord; I even made traction upon cord until I felt it give away. Upon digital examination I found the external os rigidly contracted such as you would expect to find had several drachm doses of ergot been given. The placenta was still within the uterus, but detached from uterine wall, with considerable hemorrhage taking place. I had to manually redilate the cervix before I could get the placenta. The placenta came away whole with several large clots of blood. The uterus and cervix contracted naturally after tne removal of the placenta and after-pains came thick and fast. No ergot was administered during the confinement.

On examining the placenta more carefully I found that the vessels leading from the placenta into the cord were divided and that the cord was held to the placenta by the investing membrane only. There was a clot of blood between the membrane and placenta that represented about an ounce of blood.

On the third day the mother developed a temperature of 100° which I attributed to the coming of the milk in the breasts, otherwise she made an uneventful recovery.

On questioning more carefully into her past confinements I found that she was generally from two to four days' time in delivery but could find no account of there being any trouble in delivery of the placenta.

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MOSCHUS IN IMPOTENCY.

BY G. L. FREEMEYER, M. D., BENTON HARBOR, MICH.

In the November issue of the MEDICAL VISITOR I became very much interested in the article by Dr. Campbell, of Los Angeles, Cal., on Conium Maculatum. The doctor's statement regarding the action of conium in toning up the sexual system is true in very many instances.

However, I get the same results from the use of moschus in these cases, and from an experience of thirty years have been led to its use almost empirically. One beauty about it lies in the promptness of the result secured. In those cases where the desire is practically gone, from one to three doses a day will, in a short course of treatment, bring the desired effect.

I trust the readers of your excellent Journal will try this remedy in those cases of premature senility and report results, because in this way we are able to learn the exact limit of our materia medica.

Among the Journals.

MEDICAL VERSUS SURGICAL TREATMENT OF APPENDICTIS.

Dr. D. B. Eaton, (*The Chicago Clinic*) is one of the regular physicians of Chicago who is not carried away with the use of the knife in appendicitis. While one may not agree with his use of opiates in every case, his success in treating fifty cases without a death entitles his remarks to serious consideration. He says:

"There is probably no part of the human anatomy about which, durıog the past few years, so much has been said and written as there has about the "vermiform appendix," its diseases and the proper treatment of the same. Most of the current literature on the subject has come from the pens of surgeons, and with wonderful unanimity, they urge upon us the necessity of an early operation in all cases. My experience, however, in the treatment of appendicitis, during a period of nearly twenty years of general practice, leads to the well grounded conviction that nearly all cases of appendicitis and perityphlitis are, in their incipiency medical and not surgical cases, and that with proper medical treatment they rarely become surgical cases. What then is the proper medical treatment?

"First let me ask, what are the indications to be met? Obviously, to relieve the pain, to abort inflammation if possible and if not, to control

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to the fullest extent the inflammatory processes; to accomplish this it has been my custom, when first called to see a patient suffering from appendicitis, to give internally every three hours, one-half grain of calomel combined with sufficient opium to relieve the pain; alternating with this I give quinine and acetanilid as indicated to control temperature. Locally I apply either hot poultices or turpentine stupes. After six to eight doses of the calomel and opium have been given, I administer salines, followed, if necessary, by a rectal enema to insure a thorough evacuation, and elimination from the bowels of any offending or irritating material. Then I stop the calomel and opium and give salol, benzosol or some other of the intestinal disinfectants or antiferments, maintaining absolute quiet. After treating more than fifty cases with hot poultices, liquid diet and careful attention to the general condition of the patient I have not yet lost a patient with appendicitis and have never found it necessary to call in a surgeon but once. In the latter case the patient had been sick for more than a week previous to coming into my hands and under different treatment from mine. Several of my cases, I must admit, have had three and four recurring attacks, each, however, terminating favorably.

"Even with the advanced safety of the surgery of today, I do not believe that the peritoneal cavity can be opened, and the appendix, in a state of acute inflammation, removed without increasing the dangers to life, unless suppuration has already occurred. Hence, I first treat the case as I would an inflammation elsewhere, resorting to the knife only when satisfied that suppuration has ensued.

"My experience, I feel, justifies me in the conclusion, that an inflammation of or around the appendix, is as amenable to treatment as an inflammation of any other internal organ, and therefore appendicitis when properly treated from the start seldom ends in suppuration but usually in resolution."

A STUDY IN CONTEMPORARY GYNECOLOGY.

Dr. G. Betton Massey (*The Journal of Advanced Therapeutics*) has a most excellent paper under the above heading in showing the need of a greater discrimination in the treatment of ovarian irritation by means of the knife. No one admires a surgeon more than the editor of this journal, but that admiration does blind him to the fact that surgery is not mutilation, and until we therapists learn how to cure we must submit to having our patients carved. The point about this paper of Dr. Massey lies in the lesson which tells us that we should not give up a patient

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until every effort has been made to restore health to the afflicted one.

Read the paper:

"The salient points in Mrs. D.'s case run through the whole gamut of modern gynecology, but, unfortunately, Mrs. D.'s case is not here reported because of its unusual character. It is rather an exemplar of every day experience that I hold up the mirror to this bit of nature and art.

"The picture is not a beautiful one either, when Mrs. D. is first seen weeping because one of the members of her body had been hastily sacrificed. But this need not be dwelt upon, for how many other women are also weeping that gynecology may teach general surgeons the beautiful art of abdominal section?

"The medical and surgical history of this case begins, as usual, in painful menstruation. In April, 1893, at the age of twenty-one years, the cervix was dilated by a young surgeon whom she consulted at a hospital. This forcible dilatation was followed, as frequently happens, by the formation of a tender mass in the region of the right ovary. Three months later, while in this condition, she married, her physician advising her to prevent pregnancy for a while, so she states, by the use of douches of cold water.

"Marriage at such a time and in such a condition was necessarily doomed to be accompanied by an imperfect development of the new functions incident to the state, in spite of which it seems that pregnancy ensued and was mistaken by her attendant for an aggravation of the ovarian trouble, and, as operation days came around regularly at the college, she was persuaded to have the ovary taken out. This was done three months after marriage, the supposedly inflamed ovary being removed and a significant curettage of the uterus also performed. From that day the patient states she has been a sick woman.

"When first seen in clinic by myself the physical basis of her suffering at that time was evident. The left ovary and tube were now in an unhealthy condition, a soft tumor about the size of a goose egg presenting in this situation, and she had just been told by the surgeons who operated before that another operation was necessary, and the remaining ovary would have to be removed.

"As the patient was desirous of having children, if possible, I decided to make an effort to cause resolution in the inflamed appendages, believing that the tumor which had caused her advisers to urge her to risk her life again and bring upon herself the consequences of castration was merely a chronically inflamed tube.

"The mode of treatment adopted in the effort to produce resolution of this deeply-seated morbid process was the well understood vagino-

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abdominal application of the galvanic current, the positive pole being within the vagina. About 50 to 70 milliamperes were employed three times a week, followed by the faradic current, each current being allowed to flow about four minutes. The only unusual feature of the treatment, and one to which I wish to direct your particular attention, was the use of a bare copper vaginal electrode freely amalgamated with mercury. As this pole was positive, the vaginal surface nearest the tubal region received a considerable quantity of mercuric and cupric oxychlorides by cataphoresis, and, under the repeated applications, much of this highly valuable interstitial alterative must have reached the inflamed adnexæ. Some irritation of the vaginal surface next the ovary resulted, of course, and after three weeks' treatment the applications had to be intermitted for a time.

"At the end of two months the tumor was smaller, the diminution being attested by the original surgeon in attendance. Six months later the tumor could not be found, though slight tenderness and some contraction of the parts could be found in its situation. During the treatment the patient reported periods of leucorrheal flow, probably from the emptying tube, but this source of the attacks could not be verified.

"To-day this patient, who had thought of obtaining a divorce from her husband, is in the enjoyment of a happy married life, clouded only by the continued absence of the proverbial stork.

"The lesson taught by this brief study in practical gynecology is by no means confined to the electro-therapeutic efforts and their fortunate results. Many other cases have shown me the danger of forcible dilatation, and I cannot but suspect that this simple operation aggravated the condition from which she suffered. I am led to strongly suspect, also, that the conditions prior to the ovariotomy were simply those of congested ovaries and tubes, aggravated by unwholesome marital relations, and further complicated by the early disturbances of pregnancy. What a need had this woman at that critical time in her history for the wise counsel and judicious treatment which, though not brilliant, is the true glory of our profession.

"The thought also occurs that a young married woman seeking advice should receive that careful attention to the healthy performance of newly developing functions that other organic activities receive. Are not some of our works on gynecology in fact 'like the play of Hamlet with part of the Prince of Denmark left out ?"'

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IS PROPHYLAXIS AGAINST TUBERCULOSIS PRACTICABLE?

We recommend the following editorial, from the *Medical Times*, to the earnest consideration of our readers. We believe the key to the prevention of tuberculosis lies in increasing the vitality of the patient. A thorough study of this disease from a physiological standpoint, and a full comprehension of the value of proper internal medicine will do more than bacteriological studies.

"By this question we have no reference to prophylaxis on principles of general personal hygiene. That tuberculosis is resisted by those of sound physical strength has long been known, and one could scarcely find an antagonist to such claim. By prophylaxis, therefore, we allude to attempts aimed at the bacilli of tuberculosis and at all possible means of distribution of these germs. There are two points in regard to which there is serious difference of opinion and which are of the greatest importance. One of these is the danger or safety of the presence of consumptives in dwellings, hospital wards, sleeping cars, etc.; the other refers to the advisability or inadvisability of the employment of consumptives in the minor forms of agriculture, such as berry and grape picking, market gardening, etc. Both these points of dispute are essentially one, so far as pathology and prophylaxis are concerned, in that they both depend upon the relative danger of the consumptive to society while they are also sociologically closely related, since the decision affects the comfort and welfare of the consumptive, as regards the continuance or deprivation of human society and of an occupation ideal for the consumptive who must work or sacrifice his independence. In the latter particular it must also be borne in mind that State care for the consumptive is greatly facilitated or retarded according to the decision reached.

"When the germ theory was new there was a disposition to do away with the distinction between contagion and infection, and to minimize or deny the existence of etiologic factors not directly connected with the bacterium. We now know that our predecessors of antebacterial days were by no means lacking in wisdom and that the identification of a germ is not the whole story of the installation of a disease. For instance, pneumonia, though demonstrated to be the result of a bacterial invasion, is essentially — in the practical sense — a disease of disturbed circulation in the lungs, predisposed to by certain senile conditions and by inclement weather. The mere presence of the germ, without these circumstances, rarely produces disease, and it seems to make little difference whether the pneumococci are present in large numbers or whether they are encountered in their scanty distribution in the atmosphere. Cancer, if shown to be of bacterial or protozoan orgin, will remain, for practical purposes, a disease of senility and of other conditions favoring an excessive growth

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of epithelium. The various septic processes due to the colon bacillus are still more strictly dependent upon other factors than the mere presence of bacteria.

"There are at present three views held as to the contagiousness of tuberculosis: First, the extreme view that the tubercle bacillus is a sort of scavenger, producing disease only in those physically and mentally unworthy to live, that precautions against infection are unnecessary because one part of the community is practically immune, even if exposed to the bacilli in great numbers and virulence, while the other part is doomed to the disease, at one time or another, because it is impossible to avoid their encounter, in some force, at some time; second, the equally extreme view that tuberculosis — of course, with an external discharge of bacilli — is as truly contagious, though less generally and less conspicuously than diphtheria, and that, as a logical conclusion, prophylaxis must depend on isolation, concerted effort at disinfection of sputum and other discharges and that treatment should depend, so far as practicable, on the disinfection of the foci of the disease and the prevention of self-inoculation; third, the middle view, largely held by those who regard tuberculosis from the clinical standpoint and who are identified with the sanitarium treatment of the disease, that while tuberculosis is decidedly infectious, it is not markedly contagious, that the cleanly consumptive is not a source of practical danger, either as an inmate of a home or institution, or as a handler of food products; that destruction of bacilli, except in sputum or other discharges, is impracticable and that prophylaxis and treatment must be based on an upbuilding of the resistive powers of the organism, not on a diminution of infectious material.

"A decision among these views is highly desirable. If tuberculosis can be rooted out or materially diminished by quarantining against the victim of the disease, and by concerted efforts at destruction of tubercle bacilli, this course is the proper one, whatever the trouble and expense to the community, and whatever the discomfort and mental suffering entailed on the victims of the disease. If a seventh or eighth of the population must continue to succumb to this disease, we want to know the sad truth. If, as in the case of antiseptic surgery, some measure of precaution is necessary, but no attention need be paid to scattering germs of no marked virulence, that is also a matter of practical importance. Obviously, the three views which we have mentioned do not represent all possible beliefs. Indeed, a very conservative man may hold one of the extreme views while the middle one is capable of arousing radical expressions. Then, too, while the extreme views are likely to occur to theorists, they are free from the suspicion of interested motives, and they cannot be characterized as following the line of least resistance.

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"Before accepting the view that the tubercle bacillus is merely a scavenger, the existence of a tubercular diathesis must be more firmly established. It is certainly nonsense to connect tuberculosis with complexion, and the typic description of the tubercular diathesis includes some points that are actually the results of the disease in its incipient stage. We have personally not the least hesitation in opposing the view that the tubercle bacillus is a scavenger. Indeed, several series of necropsy reports have definitely shown that from fifty to almost a hundred per cent. of persons dying of other diseases or by accident present healed tubercular lesions. It would be absurd to argue that a germ which attacks so large a proportion of the race and which actually kills a sixth or a seventh is a scavenger, playing a wholesome role in society. Between the other two views, the essential difference is as to the relative values of the predisposing causes on the one hand and of the bacillus on the other. There is no dispute that both factors are necessary, but there is practically a wide divergence of opinion as to whether efforts should be directed toward getting rid of the bacillus or toward strengthening the patient. Nearly every one recognizes the importance of the latter, though in a different degree — some regard the former as hopeless, some as useless, other as practical in large measure."

THE STUDY OF THE HOMEOPATHIC MATERIA MEDICA.

We commend the following earnest suggestions, from the pen of Dr. P. Brickbauer (*Clinical Reporter*) to those who are clamoring for a re-study of the materia medica as being worthy of careful consideration:

"So long as our knowledge of a drug's pathogenetic effects consists of discrete, fragmentary impressions, so long as we cannot merge these simple impressions into impressions of a higher order because of more expanded nature, so long will what we know be merely elementary and cannot satisfy the cravings of the reasoning mind or meet the just demands of science. A man may commit to memory a thousand words of some foreign language, and yet if he know not the method of combining these words into co-ordinate sentences; unless he knows their meaning, combination and order of sequence, be utterly unable to express a thought. It is equally absurd to memorize a thousand disconnected fragmentary symptoms without even an inquiry into their origin, meaning, combination and order of sequence and consider it a reasonable, intelligent, rational understanding of a drug. As the thought contained in a correctly formed sentence is the synthesis of all the special ideas contained in the separate words, so the true concept of any drug is the crystallized product of the many individual symptoms or elements contained

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in the proving. So if we wish to bring order out of chaos; if we wish to bring the diversity of detail within grasp of the mind it must be by finding some underlying fact sufficiently expansive to serve as a unifying basis. It is the perception of this reality underlying a drug's action, and the perception of a similar reality underlying disease that leads to beautiful therapeutic results, dispels skepticism, and meets the requirements of the analytical and reasoning mind. To this end we must bend our energies regardles of the difficulties in the way, knowing full well that when the arduous task is completed, it will be followed by a more general acceptance of the incontrovertible principles for which we labor and contend. How to gain that perception of the innate character of Phosphorus is the task set before us to-day.

"Let us begin the investigation by an inquiry into the function of Phosphorus in the wide and varied field of organic life. Knowing that if we can comprehend and appreciate its function in the ergonomy of the simpler organisms, we can the more readily grasp its significance in the constitution of man, at once the most complicated and heterogeneous cell community known. In the growth and reproduction of single celled organisms, we find on examination of the evidence at hand, that it is the pellucid nucleus that controls or regulates these functions. When such a single celled creature has reached maturity and reproduction by division is about to take place, the nucleus previously spherical becomes elongated and constricted across the middle which constriction increases until complete separation of the nucleus is effected. Since the regulative functions of the organism reside in the nucleus its division means the establishment of two distinct centers of assimilation, and the influence of each center serves to produce two distinct currents of the plasmatic cell contents about the two distinct assimilative centers, with the final result that complete separation of the cell body occurs. Thus it is evident that the nucleus is the part that regulates the flow of the nutrient part of the cell. What is thus found to be true of the nucleus in single celled organisms, will likewise on further investigation be found to hold good in many celled organisms as well. And that the increased complexity of structure and function accompanying ascending development we must needs expect, what inquiry again proves true, an even greater need of a co-ordinating or regulating part. That is, every advance in heterogeneity of function by which higher organisms are so markedly distinguished from the lower, implies a corresponding increase in the heterogeniety of structure in the apparatus by which the diverse actions are co-ordinated, or in other words, made to act in unison. By a continuation of this evolutionary process we eventually witness the integration or centralization of

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the co-ordinating functions in a centralized nervous system, here the same as in the unicellular protest governing or regulating assimilative functions. Clearly, then, if we find the substance whose chemical transformation is always bound up with the exercise of the co-ordinating function of the nucleus, or what amounts to the same thing, the activity of the centralized nervous system where such exists, we will have the foundation stone upon which we are seeking to build. The evidence briefly presents itself in the few following facts.

"Every severe mental effort is followed by an increase in the quantity of alkaline phosphates excreted in the urine. Whenever in disease alkaline phosphates are in excess, mental effort is difficult. Excessive production of those highly phosporized spermatozoa results in a diminution of the activity of the nerve center. Again, the proportion of phosphorus present in the brain, varies with the degree of mental power exhibited, being least in idiots, less in children and old age, than in youths and adults. All of these facts when generalized signify that the activity of the nervous system is intimately bound up with the chemical transformation of the phosphorus molecule which the nucleii of its cells contain. Thus we see that the disturbance which the drug may produce will be most marked in that portion of the nervous system, most highly specialized, as for instance the brain, and the disturbance will be assimilative or nutritive in character. This conclusion may not be altogether clear without a word of explanation. If the molecular activity of a cell nucleus be disturbed the flow of the plasmatic cell contents is likewise disturbed, and granular precipitation of the cell protoplasm occurs and thus are inaugurated those metabolic changes that ultimately end in fatty degeneration. We have then in the pathogenesis of phosphorus a two-fold action to consider as the foundation of its therapeutic efficiency.

"We have first a profound alteration in the co-ordinating mechanism of the nerve cells, and secondly as a reverberation of this action fatty necrobiosis in the blood and its vessels, in the nervous, muscular osseous and circulatory systems in the epithelial and glandular tissues.

"In the special glandular organs, as the liver, spleen, and pancreas, as well as in the kidneys and lungs. Thus every patient whose complaints are curable by phosphorus, has as the basis of his troubles an inefficient nervous system, and is afflicted with diseases whose causative factors have the power to inaugurate tissue changes having steatosis as a marked feature of the terminal or ultimate pathological lesion.

"Now then does not this add a new and deeper significance to the so-called nervous symptoms of the drug under consideration; facts which enter ones comprehension, and do not depend for their retention on a treacherous memory.

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"Once having conceived the meaning of these facts it is clear that its pathogenesis contains such mental symptoms as these: Great apathy; very sluggish; dislike to talk; answers slowly, or not at all. Great indisposition to mental and physical exertion, inability to think, ideation slow; cannot keep mind on a particular subject; brain fag. The brain always feels tired as if it could not get rested. Shocks in the head following mental exertion. It also explains the ravenous hunger, at unusual hours, and why it is such a useful remedy in the disorders of the tall, lean tuberculous subjects. It gives a true interpretation of the paralytic weakness, and the trembling of the extremities and the whole body. Gives character and entity to the painful heaviness, the ataxia and lax muscular system; the rapid, weak thready pulse, the dyspnoea and painful pressure on the sternum, and so on, as reference to the symptomatology will show. It explains why there is such a disposition to hoarseness and aphomia, why there should be trembling of the whole body with the loose rattling cough. Why the patient should take cold so easily and why the least exertion should produce profuse perspiration. It makes clear why it is applicable to pneumonia in the latter part of period of deposit and early part of that of absorption, etc.

"From this point on our studies will be very much facilitated and simplified by an outline on the lines suggested in the preceding article; that would give us something about as follows:

I. Kind of Action:

1. Exhaustion of nervous energy.
2. All stages of necrobiosis from granular to complete fatty.
3. Destruction of red blood corpuscles and loss of coagulability.

II. Localities in which such action occurs:

1. Blood and vessels.
2. Epithelial and glandular tissues, nervous, muscular and osseous systems.
3. On the special glandular organs.
   a. Liver,
   b. Pancreas,
   c. Spleen and on
   d. Kidneys, etc.
   e. Lungs, etc.

III. Conditions and Modifying Circumstances:

1. Tall, lean tuberculous subjects.
2. Precocious children.
3. Aggravations in evening and night up to midnight. During thunderstorms, when lying on left side. In warm room (except cough.) Talking, mental effort, etc.
4. Ameliorations: Open air, (except cough) after eating, from mental and bodily rest.

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The blood under the influence of phosphorus loses its coagulability. The red blood corpuscles are destroyed and free fat is found. The vessel walls undergo fatty changes and permit the extravasation of the more fluid blood. From this action we get such symptoms as: slight wounds bleed much; bleeding from various parts of the body; ecchymosis; vomiting blood; hawking up of blood-streaked mucous; ulcers, easily bleeding; bloody erosions in the mouth; tendency to apoplectic extravasation (as a preventive) frequent and profuse metrorrhagia; hæmaturia, polypes easily bleeding; ozoena, with frequent and profuse bleeding; frequent blowing of blood from nose, profuse nose bleed, greenish yellow discharge from nose tinged with blood; hæmorrhoids, blood flowing in little streams, etc., etc. All that is necessary to make the remedy the certain choice in any cases of this kind is to add the conditions and modifying circumstances mentioned in the outline:

"Epitheliel and Glandular strictures: here we witness fatty degenerations and the symptoms expressing the action will naturally vary as to the location of the glandular epithelium affected. If in the stomach, we get the symptoms of gastritis, either acute, chronic or atrophic, with the phenomena of eructations, nausea, vomiting, much belching; but cases calling for this drug characterized by great thirst for cold water, which is vomited as soon as it gets warm in stomach or from the coincident degeneration of the blood and localized ulceration of the stomach have vomiting of blood, or a mixture of blood, bile and mucous, having the appearance of coffee grounds. The burning pains so often experienced is significant of the destructive nature of the action of the drug upon the mucous membrane.

"If the intestinal epithelium is the seat of the action its innate character will remain the same, but its superficial symptomatic expression will be changed to correspond with the physiological functions. This will give us such symptoms as intestinal hemorrhage, diarrhea, stools involuntary at least motion, gray or whitish gray; bloody, green, watery, with flakes of mucous and *clots of blood;* watery, with whitish yellow and cheesy masses; lumps of white mucous, copious, like water from a hydrant; constipation, feces slender, long, dry, tough and hard like a dog's, voided with difficulty; small, dark, difficult, clay colored. This latter symptom is further explained by its action on the liver. Here there is a complete fatty metamorphosis of the hepatic cells, resulting in the inhibition of biliary secretion. The jaundice so universally present is hematogenic in character, that is, it is due to the dissolution of the red blood corpuscles, rather than the resorption of bile that has already been formed.

"Thus we see that the key to the interpretation of the pathogenesis

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of Phosphorus, lies in the recognition of its kind of action as mentioned above, and it would seem like a useless repetition to continue the analysis further, since no matter in what locality we consider its action; however the superficial outwardly discernible signs and symptoms may be modified by the special physiological activities of the part considered, its internal essential character, its soul, is eternally and always the same. To develop the symptomatology further would be but a continued exercise of the faculty of reason along the lines hitherto followed. If we know the locality, that is, the seat of the pathological process and the kind of action going on, we can readily figure out the result, the subjective and objective phenomena that constitute the pathogenesis.

"The therapeutic efficiency of phosphorus is an absolute certainty when we are able to demonstrate in any given case an exhaustion of nervous energy with a coincident tendency to fatty steatosis, destruction of red corpuscles and loss of coagulability when qualified by the conditions and circumstances mentioned. If the soul of the drug correspond with the soul of the disease, we have the essential requirement for beautiful therapeutic results.

"It is of course impossible in the space allotted me to give all the arguments entering into the conclusion, such, indeed, is not my desire, as it would lessen the stimulating quality of the article so to do and would not then give rise to new ideas in the minds of the readers.

A SOOTHING APPLICATION FOR BURNS.

Dr. B. P. Wilson (*The Medical Council*) offers the following practical suggestions for the treatment of burns:

There is perhaps no injury that is the cause of more intense suffering than burns, and none in which the victim begs more piteously for relief. A number of new remedies have been brought before the profession during the past decade, some of which are far superior to those used a quarter of a century ago when the old carron oil was the standard remedy.

For years I used a dressing of castor oil, to which was added one or two drams each of carbolic acid and acetate of lead. Finally I learned somewhere of the use of a mixture of castor oil with white of egg, and found it so much better than anything else I had ever known, that I now rely entirely upon that alone. It is easily obtained, which is not true of some of the new remedies. It is cheap, and easily prepared and used. It certainly allays the pain quicker and causes the surface to heal more rapidly than anything I have ever used.

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The eggs should be broken and emptied into a bowl, and the castor oil gradually and slowly poured in while the eggs are being rapidly beaten, enough oil being added to make it the consistence of a good thick creamy paste, and, when in this condition, spread it upon the surface with a feather. Of course, some mild antiseptic could be added if desired.

The applications should be repeated often enough to prevent its becoming dry or sticky. I leave the surface uncovered, if possible, because, in the hands of ordinary attendants, if cloths are used, they are apt to allow them to become adherent and injure the burned surface in their removal.

Also, I have used it upon blistered surfaces where they had become red and painful, or in the condition of an aggravated burn, and in my experience it has never failed to give instant relief, allowing the sufferer to drop into a sound sleep in a few minutes.

BENZINE IN SURGERY.

Dr. J. B. Weintraub, *Chicago Pan-Path*, gives the following suggestions concerning the use of benzine, which are worth remembering:

"Although benzine possesses many advantages over ether, still it is not used by physicians and especially surgeons as much as it deserves to be used. Personally I have used benzine in my private and hospital practice, and have used it for years, although many of my professional brethren are quite surprised that I should use on the human body a fluid whose apparent purpose is "removal of grease spots."

"I use benzine only externally for the purpose of cleansing the skin. There are many patients who are working in factories or railroad shops, and whose hands are continually covered with tar or grease. Their hands may be injured in their various pursuits and in these cases benzine is the best cleansing agent, rendering the parts clean and less liable to infection.

"In cases where an adhesive plaster has been used the removal of it is accomplished by quite a severe pain. If in these cases a corner of the plaster is lifted up and a sponge or a pledget of cotton saturated with benzine, be from time to time placed between the plaster and the skin, thereby moistening the part with benzine, the removal may be accomplished entirely without pain.

"On the various streptococci and staphylococci, benzine does not seem to exert a perceptible influence, according to late experiments made by my assistant, Edward W. Bak, M. D.

"The advantages of benzine over ether if used in the above cases

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are the following,—1. It is considerably cheaper; 2. It does not evaporate as quickly as ether does, consequently it does not cool the skin so much; 3. It does not cause the severe pain and burning of a delicate skin or wounded surface that ether does.

"Disadvantages, if any, I have failed to notice in the many years I have used it. The odor is at times unpleasant for the patient although it is more pleasant than ether especially to patients who have once undergone an ether anesthesia and in whom any odor of ether may cause nausea and headaches."

FORMALIN IN NECROSIS AND CHRONIC ABSCESS.

Dr. David Hordon (*The Medical Council*) presents the following to show the efficacy of the above in the treatment of the diseased conditions:

I wish to call your attention to the experience I have had with 2 per cent. formalin solution in a case of necrosis of the humerus.

Case.—A little girl of about nine years old about a year ago caught what we designated as a bad cold, and in course of four or five days settling in the right shoulder, including the whole area of the deltoid and axilla, forming a large abscess. I was called to the case to alleviate the insomnia and pain. My diagnosis and treatment was short and decisive—opening the abscess at once in two places at its lowest extremity. About a quart of lemon-colored pus escaped. I washed it out with a weak carbolic solution and put in drainage of bichloride gauze, giving a tonic of elixir of iron, quinine and strychnine, and in less than ten days the patient seemed almost well, and the parts had receded to their normal size and appearance, excepting a slight serous discharge at one of the openings; but of course we all took it for granted that that would stop running and heal up in a few days. Not having heard anything from the patient or her parents for eight months, they remarked to me one day that Nellie was doing well and going to school, but there was a small running sore still on her arm where I had opened it. I probed the opening, which was close to the insertion of the deltoid muscle, and found a cloaca which ran obliquely up into the bone about two and one-half inches upwards. Upon palpation I found quite an area around the opening which was much hardened — an involucrum. There was very little tenderness and no loss of function.

I decided to open it and remove any dead bone I might find, but the parents would scarcely submit to such a procedure just then. In the meantime, I commenced with syr. feri. iod., and to inject the cavity

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with a 2 per cent. solution of formalin about twice a week, the little patient experiencing great pain for a few minutes after. Sometimes I would use iodine, which would not pain. I used an aspirating syringe, and in less than five weeks the thing had healed. I was always careful to insert the needle clear down to the dead, rough cavity, and rotate a little in all directions slightly, while pressing on the piston of the syringe. There is no sign of the return of the disease now, going on three weeks, and the patient looks well nourished and healthy.

I had a case of necrosis — or at least I took it to be — of the bones of the middle ear, some time ago, and by two or three applications of cotton moistened in 2 per cent. formalin, after a thorough dry mopping out, the trouble disappeared like magic.

I will say, however, that I depend a good deal on tonics, as syr. fer. iod. and syr. hypophos. comp., alternating, to improve the blood and build up the tissues in such cases, in addition to the local use of formalin.

[With our homeopathic remedies to aid nutrition, the tonics of which the doctor speaks, need not be used. The efficacy of formalin in destroying disease germs, rendering the soil sterile to germ growth, has been proved by the editor many times. As health officer where homes have been disinfected by it no second case of diphtheria or scarlet fever has as yet occurred.]

THE PASSING OF THE SECTS.

"Some of our homeopathic contemporaries profess to feel very bad because the *Journal* republished from the *Indiana Medical Journal* the farewell to "orificial surgery." Indeed, they are inclined to use unpleasant adjectives. The *Journal* protests that it was actuated by no unkind motives toward the homeopaths, because it had not the least idea that that school assumed entire responsibility for all the vagaries of "orificialism." We cannot, however, avoid being amused at our homeopathic friends dubbing us "allopathic," as if that term had a meaning or an application. It is with real pleasure that we assure the editors of these papers that their successors in editorial office will write differently. Evolution is inexorable. Homeopathy has contributed its mite to medical knowledge, but modern medicine is catholic, and has no time to discuss speculative theories of treatment. The physician of the twentieth century carefully studies his case, exactly to determine the nature of the existing disease. His therapeutic methods are simple, embraced largely in measures that may be called hygenic, and drugs are employed only to meet certain definite indications. None have been more ready practically

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to recognize this change than the homeopaths themselves. Among the younger generation of homeopaths is a large proportion of shrewd men who early recognize the hampering limitations of any exclusive theory of therapeutics. And so today we find the homeopaths buying text-books of therapeutics, and prescribing all the remedies in the materia medica. The accident of their education, determined by the suggestion of some friend or relative, gives them a distinct name, which has a certain practical value, but there, today, ends much of the distinction between a homeopath and a practician of medicine. Numbers of them are possessed of the real moral courage required legally to abandon their distinctive name and secure a degree from a regular medical college.

"These are gladly received into our medical societies. For those whom the pressure of necessity compels to pursue their career under the exclusive title the *Journal* feels all charity and compassion. Mercy is foreign to the processes of evolution, but we must not be equally unfeeling. The successors of these men must inevitably abandon dogmatic therapeutics and assimilate those methods of treatment that are derived from a knowledge of the natural sciences and of the real nature of disease. Nothing can stem this tide, and hence we must show no bitterness toward those who yet loiter in the path of the advancing wave. In referring to the incongruities of "orificialism" some hilarity is unavoidable, and as this "ism" has no connection with the teachings of Hahnemann, our contemporaries might well spare their reproaches. However, we freely forgive them, and hasten to assure them that the *Journal* has no wish to inflict unnecessary pain upon those holding erroneous views."

In the above the *Cleveland Journal of Medicine*, which by the way is one of the most interesting coming to our office, apologizes for what it said or rather for republishing the screed concerning Dr. Pratt, which originally appeared in the *Indianapolis Medical Journal*.

We fully agree with him that the time is very near when there will be no sects in medicine, for one has but to review the literature of the self-termed "Regular" school to note its rapid assimilation of the homeopathic doctrine concerning internal medicine. Only the veriest cranks will contend there is no good in allopathy, as understood by the general profession today, and that their methods of treating disease is in many instances quite similar to Hahnemann's ideas. When they will admit the efficacy of small doses, the dual action of remedies, and prescribe for the patients when they will cease declaring a man a quack who practices according to symptoms instead of names; when they welcome a man to read a paper who honestly believes he cures orchitis

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with small doses of pulsatilla and aids suppuration by the internal use of sulphide calcium without branding him a liar, then it is likely there will be physicians.

But we objected to the abuse of Dr. E. H. Pratt by any one non-conversant with orificial methods and still more in undertaking to take from him the laurels he has won in the face of bitter opposition, not only of the old school, but from the homeopathic school as well. His bloodless amputation of the uterus, marks Dr. Pratt as a genius, an original worker, an earnest investigator.

Had the *Journal* been as fair in its first publication and expressed the same language as it uttered in this, we doubt if many homeopathic journals would have criticised the position it took.

SOUR STOMACH.

Under the above title Dr. E. B. Nash (*Hahnemannian Advocate*) presents the following remedies which often prove of service in this provoking difficulty. The way to a man's pocketbook is through his stomach, you know. His suggestion concerning robinia will recall a much-neglected remedy in this condition. Here is his contribution:

On page 212, second edition of "Leaders in Homeopathic Therapeutics," when writing on sulphuric acid, I bring in by way of comparison robinia pseudo-acacia. I refer to it here in order to impress upon my readers, that the remedies so introduced, are nevertheless very important ones, and though not treated separately are worth studying out more at length in many cases.

I have myself several times relieved this sometimes persistent and distressing symptom (sour stomach) in chronic dyspepsia where other remedies have signally failed. And with the removal of the *one symptom* have seen the patient generally improved.

Dr. Hunt in the New England *Medical Gazette* (Vol. 6, page 12) says: "I have used the robinia pseudo acacia with almost uniform success in acidity of the stomach, one drop of the tincture after meals."

Dr. E. T. Blake in the *Monthly Homeopathic Review* reports: "Constant dull headache < by motion and reading; at times dull *heavy aching distress in the stomach*, with sensation as if scalded; **sour stomach** every night preventing sleep." Robinia 6x cured.

Other cases might be quoted showing its efficacy in this connection.

Now some "key note characteristic, one symptom admirer will exclaim, "Bully for Robinia," and "go for" the next sour stomach that dares to sour on him," and very likely fail. Why? Because it was not the remedy that covered the case in its totality.

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What about the other remedies that have the same symptoms as prominently as this? Such as sulphuric acid, natrum phos., phosphorus, ferrum phos., carbo. veg., china, lycopodium, iris ver., magnesia carb., nux vomica, calcost., and many others that might be added to this list.

The truth is in regard to robinia, that while it has done some *good work* in sour stomach, it is not so well developed either in proving or clinical use as it should be to enable us to prescribe it with the accuracy of the other remedies. Here is a good field for exploration. After all, this does not bar its use if the others have failed. Many remedies have come to be known and taken their place to stay in our armamentarium in just this way.

Now we are on this subject, let us look at some of the above mentioned remedies for a moment. Sulphuric acid is particularly efficacious in three kinds of cases. First, in marasmic children with *sour stomach*, sour vomiting, and generally sour condition. *The child smells sour all over*, despite the greatest care in regard to cleanliness.

Second. In greatly weakened cachectic subjects who complain of a *sense of weakness and internal trembling*. This is subjective, for there is no actual trembling. Such cases are very apt to have indigestion and sour stomach, as I have observed.

Carbo veg., china and lycopodium are all flatulent remedies, and in cases of sour stomach troubles this flatulent condition will almost always "stand-out" in the stomach or abdomen or both. Of course as is well known, carbo veg. floats in stomach or upper abdomen. Lycopodium the lower, and china both. These three remedies are well proven and have their strict individuality as regards constitution and temperament, which must never be ignored. To undertake to fully compare even these three remedies would be to go over again what has been done in "Leaders," and even more.

In iris ver., the substance vomited is very *sour* (so sour it sets the teeth on edge, sulph. ac.). Burning in the alimentary tract is characteristic, from mouth to anus. (Ars. and caps.)

Flow of saliva is also characteristic and it is of a stringy, slimy variety, like kali bich.

Magnesia carb. especially useful in children, with *sour stomach*, stool and whole body smell sour, and especially if there is sour stool and much colic.

Nux vomica, like pulsatilla, is oftenest found useful in recent cases caused by errors in diet; but one can never take the place of the others. Individualization is necessary here as elsewhere.

Third. In old "topers," broken down constitutions as well as stomach troubles. This remedy has done wonders in such cases, especially in

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whiskey drinkers. Natrum phos., one of Schussler's tissue remedies, is also a good one for this acid condition of the stomach. I have greatly benefited some very intractable cases with it.

It has a very characteristic symptom, which if found in connection with the sour stomach indicates it before every other remedy, viz: *Tongue coated thickly yellow at the base.* It has a creamy look and may involve the roof of the mouth. It is noteworthy that kali bi., which has a similar tongue is one of our best remedies for the dyspepsia of *beer drinkers.* (See Leaders 114). Natrum phos. will sometimes succeed where one might be led to sulph. acid or rheum, because it also, in a degree at least, has the sour smell of the body too.

Phosphorus is also a royal remedy in sour stomach. It goes very deeply, and the temperament must come into the calculations, like calc. ost., sulph. and the other temperamatic remedies. I have oftenest found it efficacious in chronic cases; and especially in aged people, where it often performs wonders.

The affection may range from simple acid conditions, to the worst malignant form of stomach trouble. There may be vomiting of many kinds and colors. Characteristic indications are: First, hungry or *weak feeling* in the stomach. Second, *wants cold things like pulsatilla*; but, Third, as soon as they *become warm in the stomach* are vomitted.

Ferrum phos. has similar sourness or sour stomach, or sour eructations, and is especially useful in subjects of the ferrum constitution or temperament summed up in one word, *ænemic.*

Calcarea ost. Leucophlegmatic temperament. Everything in the whole intestinal tract seems sour. Eructations sour, vomiting sour, large sour curds. (Aethusa). Sour diarrhœa, but concomitants, temperament and constitutions more than all decide for this remedy.

But my article is growing too long; longer than I intended when I began. But I wanted to call attention to what I stated at the beginning, viz., that the remedies not appearing in the text, worked out under their respective names, were really valuable nevertheless, and should be studied as in the case of robinia. All who possess "Leaders" will see that I have done little more than quote and rearrange under this single symptom of sour stomach, which is after all *only* a symptom, but many times an important one.

LET VACCINATORS BEWARE!

A verdict for $1,000 against a physician was rendered a few days ago in a Philadelphia court by a jury of twelve men in the following case:

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Dr. H. M. Righter alleges that he vaccinated a child, using every antiseptic precaution. The arm was scrubbed with green soap, washed with alcohol and a solution of bichloride of mercury, and rinsed with boiled water. The operator's hands were sterilized and a fresh point was used and taken directly from its case. Twenty-eight days afterwards, it is alleged, an eruption of impetigo contagiosa broke out, the vaccination having healed. Later symptoms of laryngeal diphtheria occurred, and the child died. Dr. Righter alleges that he did not see the child after vaccinating it until called to see the eruption.

Impetigo contagiosa is doubtless seen sometimes following vaccination, but it is known to be due to a secondary infection—just as is tetanus. If a physician uses every precaution he should not be held responsible for such secondary infection, which may evidently occur in some cases without his ability to prevent it. The exact relationship of the two diseases is thus accidental, but in this case the jury decided that Dr. Righter was responsible, although the evidence does not show in what way. The long interval elapsing after the vaccination is further evidence of a secondary or accidental infection.

In the light of this verdict we do not hesitate to say that no physician who vaccinates a person in this city is now safe. The verdict is particularly deplorable in this town at a time when the medical profession is doing its utmost to exterminate smallpox.

This verdict may remain as a precedent, and it behooves every physician to consider the situation carefully. If such a verdict is to stand, it means that every physician is in jeopardy and that such cases are not to be determined according to the known facts of medical science. We understand that an effort will be made to secure a new trial, and failing that, that the case will be fought in the higher courts.—Editorial in *The Philadelphia Medical Journal.*

[Probably no more outrageous verdict has ever been given by a jury against the medical profession than the one quoted above. Unless it can be defeated, not a physician who does vaccination is safe even when performed at the request of a child's parents, for one cannot always tell just where accidents will occur, nor just why they do occur. That many times there is an idiosyncrasy of the patients is not doubted and if the physicians are to be mulcted every time an untoward event results from any operation there will be but little left of the poor doctor. We know of one case, personally, where a physician did all he knew and that was more than the average physician knows of the condition and because of a child developing opthalmia was dragged into court and would have been convicted by a jury had not the judge dismissed the case. We hope this case will be carried up and if financial assistance

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be needed that it will be sent to the Doctor. The profession of Philadelphia should stand behind Dr. Righter and aid him in his fight.—EDITOR].

SYNOPSIS OF REQUIREMENT FOR THE PRACTICE OF MEDICINE.

From the *Homeopathic Students* we copy the following because it will answer the question as to requirements where a physician desires to move to another state to follow his profession.

The address of the secretary in each state is given and if the list is kept will be handy for reference.

Alabama. — Examination before the State Board of Examiners, or before one of the county boards. The latter can examine only the graduates of medical colleges indorsed by the State Medical Association. No provision under the law for reciprocity of licensure with other states. —W. H. Sanders, Montgomery.

Arizona.—Examination before the Territorial Examining Board and graduation from a lawfully organized medical college. No provision for reciprocity of licensure.—Dr. Wm. L. Woodruff, Phoenix.

Arkansas.—Applicant must present a medical diploma for registration, or pass an examination before the County Board where he resides. No provision for reciprocity.—Dr. R. B. Christian, Little Rock.

California.—Examination before the State Medical Board, and the candidate must have diploma from a medical college, the requirements of which equal those prescribed by the Association of American Medical Colleges. Reciprocity is provided for by law with any state or territory whose legal requirements equal those of California, providing such state or territory will recognize the certificate of California.—Dr. C. C. Wadsworth, San Francisco.

Colorado.—Diploma of a recognized medical college or an examination is required. Only residents of Colorado are registered.—Dr. S. D. Van Meter, 1723 Tremont Street, Denver.

Connecticut.—Examination and recognized diploma. No reciprocity provision.—Dr. C. A. Lindsley, New Haven.

Delaware.—Examination and a medical diploma and a competent common school education. Reciprocity of licensure has been established with some states.—Dr. P. W. Tomlinson, Wilmington.

District of Columbia.—Examination and a medical diploma after study of medicine four years. Reciprocity of licensure provided for by law, but not yet carried into effect.—Dr. Wm. C. Wardward, Washington.

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Florida.—Examination and diploma of recognized medical colleges. No reciprocity provision.—Dr. M. McCrerry, Pensacola.

Georgia.—Examination and diploma of recognized medical college. No reciprocity with other states.—Dr. J. B. P. Holmes, Atlanta.

Idaho.—Examination and diploma with reputable medical college. No reciprocity.—Dr. R. L. Nourse, Hailey.

Illinois.—Examination and diploma of a recognized medical college. The law permits the granting of licenses to graduates of Illinois medical colleges, without examination, but the board requires all to pass the examinations. The board will accept the license of other states under certain conditions.—Dr. J. A. Egan, Springfield.

Indiana.—Examination and diploma of a reputable medical college. Anyone who matriculated in a recognized medical college in Indiana prior to Jan. 1, 1901, and who with a diploma from such school makes application for license prior to Jan. 1, 1905, shall be granted certificate without examination. The law provides for reciprocity, but no such arrangements are yet made.—Dr. W. F. Curryer, Indianapolis.

Iowa.—Examination and graduation from a recognized medical college, requiring four years of not less than twenty-six weeks each. No provision for reciprocity.—Dr. J. F. Kennedy.

Kansas.—(1) Examination after study of medicine three years of six months each, or after April 1, 1902, four terms of not less than six months each; or (2) a certificate may be granted by the board in its discretion to a graduate of a recognized medical college; or (3) the board may accept the license granted in any state or territory having a standard equal to Kansas.—Dr. Henry W. Troutman, Topeka.

Kentucky.—Diploma from medical college indorsed as reputable by the Medical Board of Kentucky. The secretary says the board has the right to examine applicants from schools not indorsed by the board.—Dr. J. U. McCormick, Bowling Green.

Louisiana.—Examination and diploma of a recognized medical college and a fair elementary education. No provision for reciprocity.—Dr. F. A. Larne, 624 Gvavier Street, New Orleans.

Maine.—Examination and graduation from a recognized medical college. The law provides for reciprocity with other states having equal standard.—Dr. A. P. K. Meserve, Portland.

Maryland.—Examination, diploma from an approved medical college and competent common school education. No provision for reciprocity.—Dr. J. M. P. Scott, Hagerstown.

Massachusetts.—Examination; no reciprocity provisions.—Dr. C. B. Harvey, State House, Boston.

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Michigan.—Diploma of recognized school or examination. No reciprocity provision.—Dr. B. D. Harrison. Sault Ste Marie.

Minnesota.—Examination. Non-graduates must establish their period of attendance by showing their tickets. The law does not provide for reciprocity.—Dr. C. J. Ringnell, Minneapolis.

Mississippi.—Examination. No provision for reciprocity.—Dr. J. F. Hunter, Jackson.

Missouri.—Examination and evidence of preliminary qualifications. No reciprocity.—Dr. Wm. F. Morrow, Kansas City.

Montana.—Examination and diploma. Four six-month courses if graduated after July 1, 1898. No reciprocity.—Dr. Wm. C. Riddle, Helena.

Nebraska.—Diploma of recognized medical college.—Dr. Geo. H. Brash, Beatrice.

Nevada.—Diploma of reputable medical college or examination.—Dr. S. L. Lee, Carson City.

New Hampshire.—Examination and diploma from registered medical college. Reciprocity legal but not yet arranged.—Channing Folsom, Concord.

New Jersey.—Examination and recognized diploma.—Dr. E. L. B. Godfrey, Camden.

New Mexico.—Diploma of recognized college or examination—Dr. W. G. Hope, Albuquerque.

New York.—(1) Examination. (2) Diploma from medical college registered by the Board of Regents. (3) The preliminary education required by the Board. Reciprocity provided for.—J. R. Parsons, Regent Office, Albany.

North Carolina.—Examination and recognized medical diploma.—Dr. J. H. Way, Waynesville.

North Dakota.—Examination after attending three courses of six months each.—Dr. H. M. Wheeler, Grand Fork.

Ohio.—Examination and diploma of reputable medical college; preliminary education practically equivalent to high school education. Matriculants of Ohio Medical colleges prior to January 1, 1900, may receive certificates under the Act of February 27, 1896. Reciprocity legal but not arranged.—Dr. Frank Winders, Columbus.

Oklahoma.—Diploma or examination after having practiced five years.—Dr. E. E. Cowdrick, Enid.

Oregon.—Examination. No reciprocity. Dr. Byron E. Miller, Portland.

Pennsylvania.—Examination; recognized diploma and competent

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common school education. Fee $25. Reciprocity legal—Jas. W. Latta, Harrisburg.

Rhode Island.—Diploma of recognized medical college having four courses of eight months each, or examination. No reciprocity.—Dr. Gardner T. Swarts, Providence.

South Carolina.—Examination and diploma recognized by the board. No reciprocity. Dr. S. C. Baker, Sumpter.

South Dakota.—Diploma of recognized medical college. No reciprocity.—Dr. A. H. Rogers, Canton.

Tennessee. — Examination. No reciprocity. — Dr. T. J. Happell, Trenton.

Texas.—Examination. Reciprocity with states having equal standard. —Dr. M. M. Smith, Austin.

Utah.—Examination and diploma of medical college in good standing. No reciprocity.—Dr. R. W. Fisher, Salt Lake.

Vermont. Examination and diploma. No reciprocity provision.—Dr. C. W. Strobell, Rutland.

Virginia.—Board requires applicant to be a graduate of a reputable medical college and to pass an oral examination. Reciprocity.

Washington.—Examination and diploma. No reciprocity.—Dr. J. P. Turney, Davenport.

West Virginia.—Examination. No reciprocity.—Dr. A. R. Barbee, Point Pleasant.

Wisconsin.—Examination and diploma from a reputable medical college having after 1901 four courses of seven months each. Reciprocity legal but not arranged.—Dr. H. M. Ludwig, Richland Center.

Wyoming.—Diploma of recognized school, or examination if diploma is not satisfactory. No reciprocity arrangement.—Dr. C. P. Johnston, Cheyenne.

Cuba.—Applicants must present degrees fully authorizing them to practice in the country where they were issued, and then pass professional examination.

Hawaii.—Examination and diploma from recognized medical college. No reciprocity.—Dr. George P. Andrews, Honolulu.

British Columbia.—Examination; recognized diploma and payment of $100.—Dr. F. C. Eagan, Victoria.

New Brunswick.— Recognized diploma and examination.—Dr. Stewart Skinner, St. John.

Ontario requires four sessions of eight months in approved college and one year of clinical work and examination.

Diploma of recognized medical college and a preliminary education.—New Hampshire, New York, New Jersey, Pennsylvania, Delaware, Maryland, Louisiana, Ohio.

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Examination and recognized diploma.—Arizona, California, Connecticut, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Maine, Minnesota, Montana, North Carolina, Utah, Vermont, Virginia, Washington, Wisconsin.

Examination only.—Alabama, Massachusetts, Mississippi, Missouri, North Dakota, Oregon, Tennessee, Texas, West Virginia.

Diploma of recognized school or examination.—Colorado, Kansas, Kentucky, Michigan, Nevada, New Mexico, Oklahoma, Rhode Island, South Carolina, Wyoming.

Diploma of any recognized school. — Arkansas, Nebraska, South Dakota.

Materia Medica and Therapeutic Hints.

Warts. — Widal recommends, in the *Journal de Medicine de Paris*, a very simple method for the removal of warts, namely, a flannel, over which is spread some green soap, obtained at any druggist's, placed over the wart for a period of fourteen days, by the end of which time the wart will become so soft as to be easily shelled out.

Rectal Alimentation.—Edsall points out the insufficiency of rectal alimentation in keeping up the nutrition of the body, and illustrates it with a carefully observed case. He does not wish to say that it is of little value, for it is sometimes our only resource, but it is only an unsatisfactory makeshift at best by which we can temporarily reduce tissue loss and tide a patient over a period during which the stomach is becoming equal to reception of food, or who is being prepared for operation for removal of mechanical difficulties interfering in taking food by the mouth.—*Jour. A. M. A.*

Smallpox.—Dr. William M. Welch, Chief Physician to the Municipal Hospital in Philadelphia, states that "No person who has been vaccinated recently in a successful manner has been admitted to the Municipal Hospital suffering from smallpox since the outbreak of the present epidemic." Of 980 cases of smallpox that have come under Dr. Welch's observation during this epidemic, not one was in a person who had recently been vaccinated successfully. "Anyone thus treated," he says "may sleep in a smallpox hospital, mix with the patients, take any risk."

Carbonic Acid Gas as a Local Treatment for Disturbances of Menstruation.—Loimann (*Weiner Clinische Wochenschrift*) states that in

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the second half of the eighteenth century, carbonic acid gas was first used locally in the form of baths and douches. Loimann has seen excellent results from its use in the disturbances which accompany menstruation, dysmenorrhea and amenorrhea. Most of the towns which boast of carbonic acid waters have arrangements for giving carbonic acid baths. As the gas penetrates the clothing it is unnecessary to undress. Vaginal douches may also be given. Loimann has invented a practical contrivance for carbonic acid gas douches.

Hot Water Irrigations of the Bowels in Scarlatinal Nephritis.—Saundby, in the *Birmingham Medical Review* for September, 1901, quotes Kerley, who recommends irrigation of the colon with hot water as the best means of restoring the functions of the kidney in scarlatinal nephritis. It should be employed whenever the quantity of urine is diminished or when convulsions occur. In a child aged three years, 500 to 750 cubic centimeters of water at a temperature of 43° C. should be introduced by means of a rectal tube passed into the rectum for a distance of 2½ centimeters. If the water is returned at once, it must be repeated, and irrigation should be continued every six or eight hours. After three or four administrations the kidneys generally commence to act, and abundant diuresis takes place.—*Medical Review of Reviews.*

Extra-Uterine Pregnancy after the Fifth Month.—F. Jayle has observed in twenty-nine cases of tubal or intraligamentous pregnancy that the danger of serious complications diminishes after the first months of ectopic pregnancy. The death of the fetus at the ninth month is seldom followed by accidents. On the contrary, the patients who were not operated on at once, seemed to benefit by the delay, allowing time for retrogression of the placental circulation after the death of the fetus. In one of the instances mentioned in his article in the *Revue de Gyn.* the pregnancy occurred in the middle portion of the tube, simulating the position of a normal pregnancy. In another case the nine-months' fetus had been dead six months before operation, but the extensive adhesions proved no obstacle to the total extirpation of the sac.—*Jour. A. M. A.*

For Corns.—The following is Vigier's formula for Corns (*Fox's Photographic Atlas of Diseases of the Skin*, Part V.):

℞	Acidi Salicylici, - - - -	gr., xv.
	Extracti cannabis indicæ, - -	gr., viii.
	Alcoholis, - - - - -	minims, xv.
	Ætheris, - - - - -	minims, xl.
M	Collodii flexilis ad, - - - -	minims, lxxv.

This may be applied to the corn with a small brush or the cork of the vial. After each succeeding application a layer of the horny epidermis may be readily scraped off with a curette, or even the thumb nail, until

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soon a soft, smooth surface is left. In the case of soft corns, the solution must be applied with extreme care to the macerated surface, and the toes kept apart by the interposition of absorbent cotton.—*Medical Review of Reviews.*

A Home Made Cough Syrup. — Put an egg into a teacupful of strong vinegar. Let it remain twenty-four hours, when the vinegar will have dissolved entirely the hard shell of the egg, the soft shell remaining on the egg which is to be opened and the contents of the egg emptied out into the vinegar. Beat it thoroughly, adding a teacupful of hot water while beating it. This is to be gently steeped for an hour adding brown sugar gradually. A half teacupful of brown sugar should be added. It should be stirred moderately while it is steeping. After cooling it should be put into well-stoppered bottles. It should be used in teaspoonful doses every few hours. This makes an excellent cough remedy for a chronic cough that has resisted the usual treatment. As it contains phosphate of lime in abundance, it makes an excellent remedy to build up the system. It is especially applicable to thin, pale people afflicted with a hacking cough with whitish, frothy expectoration.— *Medical Talk.*

Molasses as a Dressing for Burns.—Years ago as I was passing a schoolhouse late in the afternoon a boy fell into a large bank of red hot coals in the fire place. School was out and before going home the children thought to have a play. His right hand was burnt all over up to the wrist. Not having the proper remedies with me I resorted to molasses contained in bottles brought by the school children. The nearest dwelling to the school house was half a mile or more. I sent a runner there for flour, poured the molasses over the hand and dusted with flour thickly; a bandage enveloped the hand. I did not see the boy for twenty-four hours. He had not suffered from the time his hand was dressed. I applied the molasses again and dusted with bismuth subnitrate. The third day the burn was doing as well as it possibly could. The hand was dressed with something else, every finger wrapped separately to prevent growing together. It is imperative to keep the air from burns. The acid contained in the syrup had a sedative and healing effect. It acted like a charm, not a scar left.—Dr. E. C. Rothross in *Wisconsin Medical Recorder.*

The Etiology of Carcinoma.—Aloysius O. J. Kelly (*Univ. of Penn. Medical Bulletin*, Oct. 1901), in an elaborate review of the literature relating to the etiology of carcinoma, comes to the following conclusion: "Personally, while unwilling to deny that malignant tumors may be due to the pathogenic activities of lower forms of life, I believe that the proposition has not yet been proved, and that there are many facts known that speak against the likelihood of it ever being proved, at least with

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our present methods of investigation. In conclusion, I cannot do better than to quote the opinion of Ziegler: 'The formations that have been described as protozoa and blastomyestes, are in reality degenerated nuclei, degenerated nuclear figures, various products of the cell protoplasm, such as mucus, colloid, hyalinx, heratohyalin, or cells, for instance, cancer cells, that have included leucocytes, or the products of their retrograde metamorphoses — the supporters of the parasitic theory of tumors are in reality decreasing in number — not only on account of the want of demonstration of the occurrence of tumor parasites, but also because all the biologic characteristics of tumors speak against their parasitic nature.'"

Some Uses of Gelsemium. — A lady who has for several pregnancies been subject to neuralgic uterine pains about the seventh and eighth month, thinking she was in labor sent for me. I found the os soft and patulous, but no true labor pains; besides the time was not out. I ordered tr. gelsemium, 10 gtts. every thirty minutes till full effect (heaviness of eyelids) or relief. It had to be used for several days more or less, but permanent relief followed its persistent use for a few days. Since using it I have read an article by Dr. Finly Ellingwood, who says that it relieves at the expense of normal contraction of the muscular fibers of the uterus, hence not advisable in after pains; but it seems that it is the thing in threatened abortion, especially where fl. ext. black haw fails or nauseates. In fact I find that they act well administered alternately in severe cases. Of course where there is intrauterine disease, all remedies signally fail. Experience will, I think, teach us that gelsemium is *the remedy* to control symptoms in cerebrospinal meningitis, if pushed to effect. I have given it in ten-drop doses to a child 12 years of age, for several days, every two hours in day time and four hours at night. He recovered. — James W. Etheridge, M. D., in *Medical World.*

The Treatment of Rickets.—The diet in rickets is of first importance. If this were carefully looked to, the majority of cases could be cured without medical treatment. From a study of the stools one can generally tell whether the food is at fault and what element of the food is the cause of the trouble. It is not the number, but the character of the stools which must be considered; normal stools are always homogenuus, like mush.

It is an invariable rule, if the body is ailing, to weaken its food, reduce the amount and stop the food the baby cannot digest. In 99 cases out of 100 it is milk. Instead of varying the percentage, reduce the amount of milk or stop it altogether for 48 hours, in the meantime giving water. The white of one egg beaten up in 8 ounces of water and flavored with 10 to 20 drops of aromatic spirits of ammonia is a good

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substitute and contains about the same percentage of proteids as does the milk. The ammonia has a slightly stimulating action on the stomach. Barley water, or thin wheat flour gruel are often useful substitutes. For a baby six months old, a tablespoonful of beef blood in 3 or 4 of water may be given. When the baby is again put upon milk, begin with a very high dilution and increase gradually.—Henry D. Chapin (post-graduate, N. Y., Vol. 16, No. 10).

Arnica.—In cases of angina pectoris, where almost any exertion brings on pain, arnica, 1x or 2x, is the remedy.

Conium in Pyrosis.—Acrid heartburn (pyrosis) with very acrid eructations, tongue appears to be greatly irritated, with or without vertigo on turning the head, is promptly relieved by conium maculatum.

Aconite in Sleeplessness.—Sleeplessness, when accompanied by a full, hard, quick pulse, following exposure to cold or where sudden mental shock has produced serious disturbance of the circulation, aconite is the remedy. Such persons suffer with cold extremities, with a sensation of prostration, accompanied by intense restlessness, anxiety, and fear of death.—Dr. S. H. Talcott.

Laryngeal Symptoms of Lachesis.—The larynx seems sore, raw, and scraping. Sensation "as though a plug were fixed there, which moved up and down with a short cough." Larynx painful to touch. Voice is hoarse, increasing with use. A dry tickling cough comes on late in the evening and continues often during sleep. In its aggravation it recalls rumex in the following: Every contact with cold air causes a violent tickling cough, but the differentiation lies in the aggravation under rumex coming from inspiration of cold air.

A Sepia Case.—Mrs. N. had suffered for years from a cough which caused such pain in the occiput that she was compelled to hold it. Other symptoms were: Heaviness in the occiput, as though the head would fall backwards; vertigo on lying down; sleepy during the day; appetite slight; much thirst; ascending heat; cold feet; axillary sweat offensive; aggravation in the morning with amelioration towards evening; crampy twitchings in the legs while lying, better from motion. Five powders of sepia, 200, a powder every evening. She reported improvement inside of five days and was put on placebo. No more medicine was needed to effect a cure.—Dr. Hesse.

Bryonia in Pneumonia.—This is the principal remedy. Clinical experience is so conclusive in its favor that it is useless to hunt in its pathogenesis for its particular indications. The first sign of its favorable action is the decrease of the stitching pain in the side, the dyspnea, the headache, and of the malaise. This amelioration should be pro-

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duced on the second, or third day, of the treatment. Its action upon the pulse and temperature is not noticeable before the end of the disease, as pneumonia, in its natural course, is associated with a continuous febrile motion, and suddenly ends by crisis. Under bryonia, the pulse, towards the fifth, sixth or seventh day, slightly diminishes in frequency, the temperature becomes low by some tenths of a degree, and it ends by lysis. Should, after three days of the administration of bryonia, no favorable sign manifest itself some other remedy should be thought of.—Dr. P. Jousset.

Results of Feeding and Inoculating Calves with Tuberculous Material.—At the meeting of the New York Pathological Society (October 9, 1901), Dr. W. H. Park presented a report on these experiments. Five calves, weighing about 150 pounds, had tuberculin injected into them. Four were taken for feeding experiments, and one reserved as a control. The feeding was done entirely with sterilized milk so as to exclude any possibility of bovine tuberculosis being transmitted by the milk. The sputum from the tuberculous patients at St. Luke's Hospital was collected for two weeks, and the calves received a quantity of this sputum in their milk, and also some of the bacilli from the sputum were injected. Four days ago they were inoculated with tuberculin, and three out of the four reacted, one slightly. The autopsy on one calf showed nothing but enlargement of some of the lymph nodes. Smears from these nodes showed no tubercle bacilli. Therefore, after two months and a half, this calf showed no lesions of tuberculosis except enlargement of some of the lymph nodes, and no tubercle bacilli were found in these glands. However, all had reacted to tuberculin. The other three calves gained in weight just about as much as the control calf.—*Medical Review of Reviews.*

Bright's Disease Cured by Electricity. — Dr. C. S. Neiswanger, in an article before the Chicago Electro Medical Society, states that he has cured a number of cases of chronic Bright's disease of the kidneys by electricity. In fourteen cases of this disease in which the diagnosis was made by experts in chemistry and microscopy, all were cured. Four or five cases in which he thought the prognosis was bad he refused to treat. He regrets now that he did so as he feels sure he might have cured them. Altogether the doctor's words would indicate that Bright's disease is nearly always curable by electricity. It is certainly strange if this be true. All these years of medical science in which electricity has been in use, thousands of people have been dying annually of Bright's disease of the kidneys. Ninety-nine doctors out of every hundred consider it absolutely incurable, and yet here bobs up a man who appears to be able to cure every case. He states that the treatment was by static

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electricity and no medicine was given in any case. The treatment of electricity which wrought these cures, according to his own words, were, "negative head breeze for fifteen minutes followed by positive insulation fifteen minutes." It may be that Dr. Neiswanger is over enthusiastic and has raised expectations that experience would not warrant in the treatment of this very formidable disease. We advise, however, all those so afflicted to give this treatment a trial and quit all drugs. At least the electricity will do them no harm, if it does no good.

Rheumatic Fever in Relation to the Throat.—St. Clair Thompson says that the present state of our knowledge on the relation of tonsillar affections to rheumatism may be summarized as follows: 1. It is undoubted that a certain number of cases of acute rheumatism are preceded by an angina in a proportion varying from thirty to eighty per cent. 2. Both rheumatism and angina have many etiological points in common—season of the year, cold, wet, fatigue, depression, vitiated air, etc. 3. The connection of angina and rheumatism, though undoubted in a number of cases, is not yet clearly established. 4. The tonsil may be the port of entry of the rheumatic virus, and this even although the naked-eye appearance of the throat gives no indication of its being affected. 5. The particular affection of the throat which is associated with rheumatism is not yet established. Apparently it is not yet peritonsillar abscess (quinsy). 6. Peritonsillar inflammation does not appear to be arrested by the administration of anti-rheumatic remedies. Many cases of parenchymatous and lacunar tonsillitis, on the contrary, are considerably benefited by the administration of salicin or salicylate of sodium. That this action proves the rheumatic nature of the disease cannot yet be accepted. 7. The question requires further research in two directions: one in differentiating the various forms of angina, and settling the one which is associated with rheumatism; the other in further research to discover the true nature of rheumatism. —*Laryngoscope*, January, 1901.

Fallacies Concerning the Menopause.—G. E. Shoemaker (*Phila. Med. Jour.*) states that too often disorders occurring at the time of the menopause are neglected as though they were due to the course of nature. First is hemorrhage. These cases are not as a rule investigated soon enough. The total loss of blood in a given series of months is never excessive under normal conditions. If no flow is seen for two, three or five months, and then a single free bleeding occurs, even if the quantity is great at this one time, there is nothing necessarily abnormal. By questioning it will be learned that the total quantity divided by the total number of missed months would not be excessive for each month. There is, on the contrary, no justification for considering a flow physiological, when it recurs nearly every day or every week, or every two

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weeks, for months or years; nor when by comparing a number of months, say six, it is found to be steadily increasing; nor when the total quantity amounts to four or five napkins a day for prolonged periods, and when these periods occur too often in the year. Yet this error is constantly made. Another fallacy is that with fibroid tumors of the uterus which are growing or causing disturbance, the patient will do well to wait for the menopause. This idea arose when the mortality after fibroid hysterectomy was over 50%. Now, when it is 6% or less, in cases without heart and kidney lesions or pus tubes, and when hemorrhage has not brought the patient to the verge of the grave, the question of operative treatment stands on a different basis. The hope that the menopause will cure the case is in itself fallacious. These patients bleed till they are 55 or more years of age, thus waiting 20 years for the menopause if they begin to wait at 35, as some do. Meanwhile they are subject to serious complications which may cause death while waiting for the menopause. Moreover, the hope that the tumor will diminish in size at this period is often fallacious.—*The Medical Stand.*

Surgical Hints.—In fracture of the patella, whether treated by wiring or any other method, the limb should be immobilized for about six weeks.

In operating for appendicitis, if you find coils of intestine adhering to each other, always wall off the rest of the peritoneal cavity with sterile pads, as if you knew that you were dealing with an abcess, for you can never know how soon a sudden gush of pus may take place.

After intra-abdominal operations, distress from gas low down in the bowel is best relieved by enemata of hot water. If there is some shock and the presence of intense thirst, or if the latter alone exists, a pint of saline solution by the rectum will relieve the shock, and to a considerable degree assuage the thirst.

In bullet wounds of the stomach, if there is a posterior opening which cannot be reached by incising the anterior layer of the great omentum midway between the colon and the greater curvature of the stomach, it will be necessary to open the anterior wall, repair the posterior wall through this opening, and then close the anterior one.

In intestinal paralysis, following operative procedure within the abdominal cavity, give a high enema, consisting of sulphate of soda, sulphate of magnesia, inspissated oxgall, 2 drams each, and turpentine 1 dram, in a pint of warm water. The prompt use of this injection has saved many lives.

In operating beware of too many assistants. They will surely get in each other's way, unless trained to a high degree of efficiency. It is also

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well not to have too many instruments. Provide those that are needed, and those which an emergency may call for, but have nothing that is unnecessary, and not too many instruments in one pan.

In operating for chronic conditions of all kinds, in adults, it is well to estimate beforehand the amount of urea that is being excreted by the patient. If, as is very often the case, the secretion of urea is diminished, it is wise to institute some preliminary treatment for this condition. Attention to these points will bring about more satisfactory results.

In old prostatic cases rapidly increasing difficulty in urination is often caused by constipation. If the bowels are thoroughly moved, the difficulty will often disappear in great part. — *International Journal of Surgery, December, 1901.*

Ringworm in School Children. — Within the past decade Sabouraud has done much to increase our knowledge of ringworm and its causation. He has proved that ringworm is not due to one but to several species of fungus; that the microsporon Audouini is the cause of those very persistent forms that seem to resist almost every method of treatment; that another parasite, the trichophyton megalosporon endothrix causes a form of disease that rarely lasts beyond a year; while a third fungus, the trichophyton megalosporon ectothrix produces a ringworm that rarely lasts beyond a few months. There are probably many more species that are not yet fully described. Having clearly pointed out that ringworm is not due to one organism but to several, he has thereby shown that it is not alone sufficient to separate all cases of this disease from healthy children at school, but that those children suffering from disease caused by different species of fungus should, so far as our knowledge permits, be segregated according to the etiology of their several affections. This has been fully set forth in an article by Dr. A. D. Mewborn, entitled "Ringworm and Favus," which appeared in *Pediatrics* for October 1, 1901. This writer strongly advocates the segregation of those suffering from the different forms of parasitic affections of the scalp in those of our local hospitals and asylums where ringworm and its congeners are now treated. It is manifestly unjust to subject a child suffering from a form of ringworm that would recover of itself in a few weeks to the danger of contracting a disease that might last for years. Again it seems hard that children suffering from what after all is in no wise a dangerous affection should be kept away from school for months or may be for years. In a recent lecture Malcolm Morris (*N. Y. Med. Jour.*, September 28, 1901) quotes from an article published by him in 1891 in which he suggested the establishment of separate schools for children affected with ringworm, so that they might continue their studies while at the same time they could be under competent medical supervision and

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treatment. Such a plan seems practicable and has been adopted, according to Morris, in Rome and in one or two cities in Italy and Belgium. He says also that recently a school has been establishcd by the Metropolitan Asylum Board of London at Witham, in Essex, for children suffering from ringworm. This school, however, is only for children under the care of the London boards of guardians and has accommodation for only 160 children. — *Pediatrics.*

Arsenic as a Stimulant of Nutrition.—The *New York Medical Journal* of June 29, 1901, says editorially that the recent great "epidemic" of chronic arsenical poisoning in England has at last served the good purpose of supplying a large field for the study of the effects of arsenic in healthy persons, and the literature of the drug has in consequence been notably enriched. Among the articles that have appeared, we recall none more valuable than that contributed to the April number of the *British Journal of Dermatology*, by H. G. Brooke, physician to the Manchester and Salford Hospital for Skin Diseases, and Leslie Roberts, honorary dermatologist to the Liverpool Royal Infirmary. These gentlemen deal with the subject systematically, and their article is well worthy of careful study in its entirety. Except for one aspect of it, that in which the action of arsenic on nutrition is considered, our restricted space forbids our attempting to summarize it, although we may call attention to two general statements of interest, namely, that female patients predominated among those who sought hospital treatment, although the women of the lower laboring class in the district consume less beer than the men of the same class, which tends to show that women are more susceptible than men to the action of arsenic; and that the poisonous effects upon the nervous system and those upon the integument were rarely well marked in one and the same individual.

As to the action of arsenic on nutrition, the authors think it stimulates that of certain cells beyond their capability of endurance, so that they perish. They think their observations afford strong evidence in support of the view, put forth by Binz and Schulz, that the physiological effects of arsenic are due to the development of ozone within the system. The arsenic-eating habits of many of the Styrian Highlanders, they remark, afford an excellent instance of the tolerance of arsenic by man. The drug is said to improve the complexion of the women and to maintain the strength and spirits of the men under severe physical exertion. In countries where arsenic is found native, they point out, it has long been customary to administer white arsenic to horses with their food, and, it is stated, with much benefit to their coats and their general condition. It is added that sheep are reputed to be very tolerant of arsenic. Arsenic kills some micro-organisms, but to others it seems to

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impart new life. The writers mention the readiness with which mold fungi grow in a solution of potassium arsenite, a fact which has led to the addition of spirit of lavender in the official preparation. They point also to Geiss's observation that young rabbits to which small amounts of arsenic were administered regularly grew to an extraordinary size. The restorative properties of arsenic in certain nervous derangements are well known, and perhaps it may find a place in therapeutics as an actual restorer of tissue elements.—*Thera. Gaz.*, Sept. 15, 1901.

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THE MEDICAL VISITOR

WILSON A. SMITH, M. D., EDITOR.
GEORGE R. HENNIG, BUSINESS MANAGER.

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Editorial.

SMALLPOX.

For many years, since the years 1879 to 1885, there has not been the danger to public health as now surrounds us from the above disease. The great increase in the number of cases since the first day of January of the present year has alarmed the health officers of our various cities.

Whether vaccination prevents smallpox or fails to prevent is a question which may be settled, theoretically, when smallpox is not present but the fact that of all the victims, or nearly all, which have fallen prey to this disease in this city (Chicago) none show a recent successful vaccination history. This may be taken as the case in every other place and if it teaches anything it is that smallpox may be prevented by vaccination. It will not do for homeopathic physicians to say that these are coincident with vaccination, for the same line of argument is offered us as a reason why a patient suffering from some disease is benefited by the exhibition of a certain remedy.

The city of Boston adopted heroic measures to control smallpox within its limits. A large corps of physicians were appointed and in one day fifteen thousand people were vaccinated. The result of that campaign, which occurred on January 26th this year, was to put a stop to the further progress of the disease and since that date it has rapidly decreased.

The type of the disease is changing in that it is becoming more virulent in its character. The result will be, if not checked at the earliest possible moment, communities will be hysterical, shot guns will

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be used to effect quarantine and the medical profession will come in for a large share of blame because it has permitted smallpox to spread.

As an example of the laxity of the people to care for the public health one has but to read the history of the attack which now has DesMoines, Iowa, within its grasp. One year ago this month there were fifteen cases, by October of last year eighty-four cases were found in that city at one time and January of this year shows a total of four hundred cases! During the previous year it was called smallpox by some (a few), Cuban itch by many others, and quarantine was not observed, vaccination scarcely practiced with the result that DesMoines, "having sown to the winds, is now reaping the whirlwinds." The ounce of prevention in this case has not been used.

One of the remarkable features of the present epidemic of smallpox lies in its great mildness. The death rate in many localities not exceeding one per cent., and yet we can all recall epidemics of scarlet fever where the death rate has been practically *nil* and then without apparent cause, become violent and reach a death rate appaling in its numbers.

May it not be that we are playing with fire in this epidemic of smallpox. Let us vaccinate, vaccinate and vaccinate, and afterwards settle its efficacy after smallpox is stamped out.

OPPOSITE EFFECTS OF LARGE AND SMALL DOSES.

It appears to us that one of the problems to engage the attention of the twentieth century therapeutists and pharmacologists will be the action of drugs as influenced by the dosage. This part of pharmacology has been neglected too much. There are hundreds of drugs whose action not only varies under different dosage, but it is diametrically different. Ipecac in very small doses allays vomiting; in large doses it excites it. Cocaine in small doses excites the reflexes; in large doses it depresses them. In the case of a number of drugs it will therefore be insufficient in the future to attach a label—depresso-motor, excito-motor, emetic, etc. The different action in different doses will have to be stated.—*Merck's Archives*, Aug., 1901, Editorial.

If we were to select a subject for a sermon to homeopathic physicians and use the above as a key we feel that our subject would be, "Be ye Faithful unto Death," for in the little excerpt, mention of which has been made in our columns before, is simply but an index of the trend of thought in the old school today.

"One of the problems to engage the attention of the twentieth century therapeutists," is the problem to which the therapeutists of the Homeopathic school have been bending their energies during the past nineteenth century. Had the editor of the *Merck's Archives* given

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utterance to such an heretic assertion, as the above, fifty years ago he would have been labeled a quack, cast out of every allopathic society in which he held membership, and a black mark put opposite his name as one who had fallen from grace.

What a lesson there is in the single statement: "There are hundreds of drugs whose action not only varies under different dosage, but it is diametrically different." What difference is there in the views of the action of remedies held in the above than those as uttered by Hahnemann one hundred years ago?

If it teaches us a lesson (if we are capable of learning a lesson would be the better way of stating it), it teaches us that at least the great principle of the dual action of drugs, for which the homeopathic physician has contended, is slowly, but surely making inroads upon the therapeutic minds of the original thinkers of the old school and after many years the seed-thought sown by the Sage of Meissen is beginning to bear fruit.

With the evidence cropping out here and there it seems strange, indeed, that one finds occasionally, a homeopathic physician who is longing for the flesh-pots of Egypt and looks with a deep longing towards the vagaries of old school empiricism, from which the best men of that school are rapidly departing.

It teaches us, also, that Hahnemann was right; that while the waiting for a general acceptance of the truth which he enunciated, has been a long and weary one, often borne amid persecutions, difficult to bear, that at last the vindication of the axiom

"Truth crushed to earth will rise again,"

is being sent forth from the citadels where dwelt its most vigorous defamers. It teaches us to be true to our school and the precepts for which we have long contended, to stand shoulder to shoulder in the greatest trial Homeopathy must endure, and then when this battle shall have been fought to insist upon the selection of a remedy for the sick in accord with its action upon the healthy and then we may rest content.

When that day comes, we may "beat our swords into plough-shares" and adapt ourselves to the pursuit of peace, for "Peace hath her victories, no less renowned than war," and the contention of the dual action of drugs which has separated us will not exist and we will study with all physicians the best means of curing the sick.

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We wish you to read the two short articles in this issue, one by Dr. Baldwin of Newark, O., and the other by Dr. Freemyer of Benton Harbor, Mich., just to catch the idea we wish you to get hold of in reference to notes of cases which you have treated. It is the everyday experience of the everyday physician we want and many of our readers want. Send along your experiences and they will find a welcome, not only in the editor's sanctum but in the offices of those physicians who are fighting the battle alone.

The *American Gynecological* and *Obstetrical Journal* ceased publication with the December issue. It was owned exclusively by Dr. John Duncan Emmet and published by him. Its death was due to the lack of support and is another instance of the fact that physicians are, as a rule, poor business men. The business management of a journal requires one as skilled in his line as does the editorial part of it and in these days of close competition it is necessary to have both combined in a journal, if it is to succeed.

Just jot it down every month, until June, that you are going to be present at the coming meeting of the American Institute. Arrange your work so as to enable you to be present and aim to hunt up every member of your class and bring him along. If our old class comes to the front, and we believe it will, we will make the welkin ring with our famous song "Forty-Eight Blue Bottles Were Hanging Around the Wall" and you must be there to join the chorus. When the time comes in June, go!

The editor often gets some pretty hard raps because he does not advocate every new thing offered by the old school as a specific. The reason of his refusal lies in his raising. He was taught when a boy that there was but one thing to do before accepting anything as a truth and that was to prove it. He is not prejudiced, far from it, but he wants proof. The old adage says, "It does not hurt an honest man to watch him, and it prevents a rogue from getting the best of you" and this is as true concerning medical suggestions as it is of business associations. If homeopathy had not proved its worth by years of continued success it would have fallen by the wayside long years ago. *It has been proved*, and when serum-therapy has stood the clinical test accorded to homeopathy and proved its efficacy there will be none more willing to adopt it than the editor of The Medical Visitor.

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The "Eye" men of our school have pretty thoroughly covered the field with their works. With Norton's "Ophthalmic Diseases and Therapeutics," Buffum's new edition of his manual for student's and practitioners, Linnell's "The Eye as an Aid in General Diagnosis" and Boyle's "Therapeutics of the Eye," one can cover almost any specific condition or therapeutic range needed, not only in general practice but in special practice as well. But little use for old school works exist except as a matter of reference. This new edition of Prof. Buffum's is almost a new book, new lithographs having been made to illustrate the increased knowledge which has been gathered in the few years since the first edition. It has always been a favorite book with homeopathic students, and in its new dress, with best of paper, splendid printing and handsome lithographic plates, should continue to keep in the foreground. Halsey Bros. Co. have spared no expense to produce a work of which the school will be proud.

The *Philadelphia Medical Journal* is among the latest recruits to those opposed to the present examining boards as they now stand. Its eyes have been opened to the abuse of these laws by a recent examination of the Oregon state board where the question was asked "Name the rare dyad metals; give their symbols, atomic weights, specific gravity and fusing points." Shut your eyes for a moment and answer the question, off-hand, if you can, of course. Then when that is done, please explain how this knowledge makes you better prepared to examine and treat a typhoid fever patient than you would be without this technical knowledge. The *Journal* declares, "The state examinations should be limited to pathology, surgery, gynecology, obstetrics, practice, and hygiene," and, we believe to such a plan very few physicians would object. It is the examinations in chemistry, anatomy, physiology, bacteriology, etc., the non-essentials, which deter the old physician from changing his location, and yet if one were sick and could choose between an experienced, educated, old physician, and an educated, young physician, the choice would, nine times out of a hundred, be for the older man, and this not in disparagement of the young man either; but the fact remains that experience teaches him there are some things noted in a sick case which the books fail to mention. It is this unrecorded something, and its quick observance, which gives the expericnced physician the advantage over the one who has had but a limited experience so far as time is concerned.

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News Items and Personals.

Dr. Wm. Maclay Lyon has opened an office at 3901 Cottage Grove Ave., Chicago.

Dr. J. H. Davis, of Wilmington, O., is in Chicago taking post graduate work in eye and ear and in electrotherapeutics.

Dr. H. H. Gordon is associate in the department of Theory and Practice of Medicine in the Hahnemann Medical College, Chicago.

Diphtheria is reported to be on the increase in Washington. Where are the immense doses of antitoxin and why are they not used?

Dr. Mary E. Hanks, Chicago, will occupy the down-town office, 100 State St., of Dr. Alice Barlow Brown, who has removed to Buffalo.

Dr. D. B. Hale of West Liberty, Ohio, has knowledge of an excellent location for a homeopathic physician in that state. Write the Doctor enclosing a stamp for reply.

Dr. C. E. Thompson, of Denver, Colo., while en route to New York and Boston for a five or six weeks' vacation called on ye VISITOR men and other Chicago friends during January.

The January issue of the *North American* was a credit to those who are getting up that excellent magazine as well as one of interest to those who are keeping in touch with the history of Homeopathy.

Dr. Samuel P. Hedges has been delivering a course of lectures in the Chicago Homeopathic Medical Colleges on constitutional diseases. The doctor was a member of the first faculty but on account of poor health resigned. We are glad to find him in the harness.

When the *Minneapolis Magazine* came to our editorial den with its new coat and changed appearance we hardly recognized it. The *Magazine* is much enlarged and Dr. Aldrich has associated with it R. St. J. Perry, one of the most trenchant writers of our school, as editor.

The officers of the Illinois Homeopathic Medical Association are making efforts to have one of the best meetings the society has ever held. Dr. E. H. Pratt, the president, is stirring up the officers to complete their part of the program and all augurs a most interesting meeting.

Dr. Edgar B. Morey died at his home at Athens, Pa., Nov. 23d, of enlargement of the heart, complicated by emphysemia. Dr. Morey was a highly respected physician and a member of the local board of health at the time of his death. He was a graduate of Chicago Homeopathic College, class of '89.

Dr. Alice Barlow Brown, one of the leading women physicians of Chicago, has removed to Buffalo, N. Y., where she will take the practice of the late Dr. Jessie Shepherd.

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We are very sorry that Dr. Brown has decided to leave Chicago, but what is this city's loss is certainly Buffalo's gain in this instance.

Dr. Henry C. Houghton, one of the prominent New York physicians, died in that city last December. Dr. Houghton united with the American Institute in 1867, was professor of diseases of the ear in the New York Homeopathic Medical College and author of "Lectures on Clinical Otology." He was an example of the grand old English word "gentleman," and left behind many friends who mourn his death.

The Chicago Homeopathic Medical College has opened a post graduate course for the instruction of practitioners. It will be largely clinical and as the college has an abundance of clinical material it ought to prove of value to the profession. The courses will be continuous, a certificate of attendance will be issued to those taking the full course. Prof. Cowperthwaite will give a course of lectures on materia medica of an advanced character.

Jonathan Hutchinson, F. R. S., general secretary of the New Sydenham Society, has requested Messrs. P. Blakiston's Son & Co., of Philadelphia, the American agents of the society, to announce the publication of "An Atlas of Clincical Medicine, Surgery and Pathology," selected and arranged with the design to afford, in as complete a manner as possible, aids to diagnosis in all departments of practice. It is proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications of the Society. The New Sydenham Society was established in 1858, with the object of publishing essays, monographs and translations of works which could not be otherwise issued. The list of publications numbers upwards of 170 volumes of the greatest scientific value. An effort is now being made to increase the membership, in order to extend its work.

The appointment of Dr. J. M. Ward upon the board of health of San Francisco by the new mayor is already well known. The appointment meets with the heartiest of approval by all the physicians and laity of homeopathic tendency, and even by those who feel that justice is due us. It is true we have been promised such things as public positions many times before, but they usually faded away in the mist and fog when it came to a "show down." This time we are glad to see Mayor Schmitz proved strong enough and firm enough to acknowledge in public what he believes in private, and the thanks and loyalty of every homeopath in the state should be his. Dr. Ward has been kindly received by the other members of the board, and has been accorded a position upon the "committee on hospitals" and the "committee on foods," both prominent and impor-

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tant committees, so that we may all rejoice.—*Pacific Coast Journal of Homeopathy.*

The many friends of John B. Dellbridge, formerly of Gross & Dellbridge Co., but now connected with Halsey Bros. Co., will be pleased to learn that he so thoroughly enjoys the wonderful climate of New Mexico, he has bought an elegant home in La Huerta and expects to stay there until his health is completely restored. We clip the following from a local paper as we feel sure it will be of general interest: "J. B. Dellbridge is now the owner of one of the handsomest and most valuable home properties in the lower Pecos Valley, having purchased late last week from Mrs. Ada Chambers, the La Huerta property generally known as the Dominice place. It is a large and substantially built house, splendidly finished and fitted out with water pipes, electric lights and other modern conveniences. There are ten acres in the grounds, beautifully laid off in drives, shaded by ornamental shade trees, with a plentiful sprinkling of fruit trees. The price paid by Mr. Dellbridge is private, but it is understood that he got it at a decided bargain. He will spend considerable time and money in improvements, both in the house and on the grounds. A comparatively small outlay will render this one of the most desirable homes anywhere in the southwest.

Societies.

Homeopathic Medical Society of Chicago.

The regular January meeting of the Homeopathic Medical Society was called to order by the president, Dr. Kahlke, at 9 p. m., owing to the fact that the parlor was not in a condition for the reception of the members.

The minutes of the preceding meeting were dispensed and the regular order of business was then taken up. The first paper was on "Degenerative Processes in the Myocardium," by Charles Gatchell, M. D.

(Digest)

Dr. Gatchell called attention in the first place to the fact that physical examination of the chest was done more with the idea of finding if there were murmurs or not present and if these be lacking then the conclusion is often arrived at by the examiner that no disease of the heart is present.

He said, "There are murmurs and there are murmurs, but the important thing to know is that there are murmurs present sometimes when a harmless condition of the heart exists." Too much attention

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is paid to the condition of the valves and not enough effort put forth to ascertain the exact condition of the myocardium.

"Fatty condition of the heart is a condition of far more common occurrence than has been generally suspected." This results as an alteration of either quantity or quality of blood supply to the heart muscles. The conditions tending to produce these changes are endarteritis deformans, endarteritis obliterans, atheroma and calcification of the coronary arteries. Most common cause of degeneration of myocardium is the presence of various toxins in the blood; all specific infectious diseases like typhoid fever, diphtheria, scarletina, etc., because of these toxins which they produce, may be the cause of fatty degeneration. The essayist declared as his belief that the toxin of diphtheria was the most prominent in causing fatty degeneration.

Dr. Gatchell called attention to the cases of "heart failure" which sometimes followed an attack of diphtheria. This was formerly thought to be due to a neuritis but the later studies in pathology had demonstrated the fact that fatal cases of this character resulted because of degeneration of the heart muscle and not to the neuritis.

Among the symptoms noted is dyspnea which occurs among the first and which may amount to but a simple shortness of breath. Faintness and vertigo are common, as well as other symptoms, of cerebral anemia. The pulse wave is feeble, irregular in action and volume.

Dr. Gatchell laid particular stress upon the importance of noting the location of the apex beat, for, if this is normal, though the heart may be affected yet the condition may not be serious in character, while, if abnormal, the condition is more than likely serious.

"The treatment of cases," said the essayist, "of the class described will vary according to the stage of the disease. Early cure is possible; late cure impossible." Rest, a quiet life, nutrition, baths, etc., were suggested as offering the most for these patients. Dr. Gatchell also remarked that while the diagnosis of degeneration appeared easy yet it was surrounded with much difficulty to the general practitioner.

DISCUSSION.

Dr. A. L. Blackwood: — Mr. President and Members of the Society, I feel that we are all deeply indebted to Dr. Gatchell for presenting us a paper on this important subject, and in as able a manner as he has. There is possibly but little to be added, and I would emphasize but a few of the thoughts he has brought out:

First, in reference to the murmur — it is only too true, as the doctor says, that a good deal of attention is devoted to them of which they are not worthy; in fact, I have seen cases, and we can all conceive of cases, in which the establishment of the systolic murmur is a benefit to

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the case, not that it is going to relieve or cure the patient, but it is a relief to the existing conditions, and it is the myocardium upon which we must depend in the true murmur when the valvular lesion is once established. The prognosis of these valvular lesions is invariably dependent upon the condition of the myocardium in the majority of cases. I know that Caton, and even men before Caton, call our attention to extended rests. I think he kept some of his patients in bed as long as six months. Of course, that has been practiced in these valvular troubles, and with a great degree of satisfaction, and yet in the majority of cases we have to depend upon the myocardium for the injury that has been done to the valvular trouble. Instead of studying the murmurs as we do, if we would study the pulse it would tell us a good deal more about the condition of the heart and what we may expect than we will learn by listening to murmurs, for they are quite frequently deceptive. The character of the pulse, its rhythm, its force, are the phases to be studied, especially as this brings to our minds some intelligence of the condition of the myocardium that is of actual service.

There is one symptom (possibly the Doctor has not spoken much of symptoms) in mitral trouble that I have placed a good deal of dependence in, and that is a progressive enlargement of the liver; when we find that the liver is being progressively enlarged, we can make up our minds that that myocardium is going down just in proportion as that liver is enlarged. In reference to syphilis and its action upon the myocardium, as the Doctor has briefly spoken of that, I would like to emphasize that point a little; I think there is a tendency in the profession to overlook this a little. I know that in the last three weeks three of these cases came into my care, one in the last few days, in which there is this history of infection, and it is possibly the only clue that can be given, unless in one of the cases it might be due to the excessive dosing with mercury; one or two of them had taken prolonged, heavy treatment in mercury.

Now, if we are to believe the teaching of Ringer, Bartholow and others, that mercury has the power of producing fatty degeneration when carried on a long time, then, of course, we find here another reason for fatty degeneration. I have often been surprised in these cases how rapidly they have responded to treatment, especially when they have been under a prolonged mercurial course, and the primary cause is syphilis, particularly to the use of iodide of arsenicum. I have found them to answer quickly to the use of the iodide of arsenicum, followed, after sometime, by phosphorus, 3x, especially prepared. I have used this in one case for nine months and the patient was apparently cured. I did not see him for three months when he returned for a little further

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advice. This patient, a man sixty-seven years of age, will be perfectly cured under this line of treatment.

Dr. C. T. Hood:—I listened with a good deal of interest to the Doctor's paper. I thoroughly agree with him in his statement that too much attention has been given to the study of valvular lesions and not enough to the myocardium. I had hoped that Doctor Gatchell would touch upon acute and chronic myocarditis as well as fatty and granular degenerations. There is one thing that I want to speak of; from the Doctor's very able discussion of the pathology and etiology of these conditions and the clean, clear-cut points brought out in diagnosis: I am afraid that some of his hearers may go away tonight with the impression that the diagnosis of fatty degeneration and fatty infiltration and granular infiltration of the heart is comparatively easy when, as a matter of fact, I know the Doctor does not mean to convey that idea; that, while in the hands of the expert, in the hands of the man who is constantly listening to such cases, who has the opportunity of examining two or three dozen such cases in the course of a year, the diagnosis of fatty infiltration or degeneration is a comparatively easy task, but to the general practitioner, who runs across perhaps one case in the course of two or three years, the diagnosis is certainly a difficult problem.

There is one symptom that I have learned to depend upon considerably, in fact there are two, in the fatty infiltrations. The first one is the tendency to drowsiness; these people who eat and drink as the essayist has described, who take on fat in different places of the body, in whom there is an accumulation of fat along the coronary arteries and sulci of the heart, have a tendency to drowsiness; they will sleep without any call for it, will sit down and drop into a doze. That is a point I have been suspicious of, particularly if I sat and counted the pulse and found it running along from seventy-eight to eighty-five and asked the person to get up and he walked a little bit and the pulse ran up twenty to twenty-five beats. Those points have been of diagnostic value to me.

There is another thing; in speaking of diphtheritic infection of the heart I had hoped that doctor would also touch the point as to what state of degeneration existed in pneumonia. There is no question in my mind, and I think many good authorities today bear me out in the fact, that many deaths in pneumonia are due to degenerative processes in the myocardium rather than the pulmonary condition. Likewise in typhoid, I think that too much emphasis cannot be placed upon the fact that a careful examination of the heart should be made each day, or at least every other day, in severe cases of typhoid as well as in severe cases of pneumonia. I am sure that if the physician would make it a routine duty to examine

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the heart carefully in each case of pneumonia and typhoid, it may save life more times than one. Within the last few months there has come under my care a young man who had an attack of typhoid, a severe attack, evidently followed by some degeneration of the myocardium; a consultation was asked for and a prominent "old school" physician called in who insisted upon the administration of, what to me were enormous doses, of strychnine, 1-20 grain in one or two hours, but to my astonishment the man has gotten along very well.

The president:—I do not wish to take any undue advantage of any one but our time is limited and we must keep within the five minutes. Is there any one else who desires to discuss Dr. Gatchell's paper? If not I will ask Dr. Gatchell to close.

Dr. Charles Gatchell:—Mr. President out of consideration for the audience I will make my discussion very short and will give way to Dr. Adams's paper.

The next paper on "Fracture of the Neck of the Femur in the Aged," by Dr. Charles Adams was a careful study of the symptoms of this accident. The doctor stated that he considered the subject of as much importance to the general practitioner as the surgeon, for the cases most generally fall into the hands of the family attendant at the start. It is, therefore, important that the latter should be alert to the symptoms presented.

It is to be regretted that many physicians, and surgeons as well, have drifted into the opinion that fractures of a intrasepular variety cannot be helped. Bony union may not be gained in a large per cent. of cases, yet it has occurred in a few cases. He spoke of this because many physicians point back to the expressed ideas of Cooper, who contended, in the early years of his surgical career, that it was impossible to secure union in any case, while they ignore all he said in the later years of his life. In our statement where a record of 225 cases were kept, only two cases of this fracture occurred below the age of 50.

Dr. Adams's paper dwelt only on intracapsular fracture and spoke of the fact that this occurs more frequently in women than in men. The anatomical reason for this fracture occurring more frequently in the aged was shown to be due to the fact that as old age comes on the neck presents almost a right angle to the shaft of the femur, while in youth it is almost 45 degrees, and also due to a change taking place in the bony structure. Some one has said that this connection of the head of the femur by the neck with the shaft was a most wonderful one because of the great strength, and that no human ingenuity with the same material could make so strong a structure. Bearing in mind that when the bone is at this angle of 90 degrees it is by weakening very liable to be broken, by any strain upon it.

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Most cases of these fractures are due to a slight cause. A fall upon the ground or a twisted step. A number of instances have occurred where the patients have went around for a few days yet the bone was fractured. This result is more likely to follow a fall where the force is received upon the trochanter.

Among the symptoms enumerated by the essayist were: shortening, but this is not always present, and then one limb may naturally be a little shorter than the other; pain most always present, is localized, aggravated by motion or pressure; eversion exists. Dr. Adams mentioned the various signs present in these conditions, such as Desault's, Netaton's line, Allis's sign, Lagorio's sign, etc. Dr. Adams laid particular stress upon shortening, and doubted if a complete fracture could occur without producing shortening unless there be a paralysis of the muscles.

In all cases where an aged person falls upon the hip and becomes helpless, as a result of the fall, fracture of the neck of the femur is to be suspected.

The treatment, successful, of these cases depends much upon the systemic condition of the patient. If in fairly good health and they can stand the apparatus necessary to keep the bones in apposition, good results may be secured. On the other hand, if patient be over 80 years of age, whose arteries are atheromatous and who is in the second childhood, then the results desired are not likely to be secured.

There will be many cases where an ideal treatment cannot be carried out and protested against any inflexible method of treatment; every effort must be made to secure perfect apposition and rest. The old cases must be watched and position changed because of the danger of hypostatic congestion of the lungs resulting from lying in one position too long, giving rise to pneumonic conditions. Dr. Adams mentioned the case of an old lady past 80 years of age he now has under treatment. He is treating her without apparatus by keeping her in bed and giving the rest cure. Because of her age, the sluggish conditions of the circulation, tendency to drowsiness, the outcome of the case is very unfavorable.

The paper, owing to the lateness of the hour is briefly discussed as follows:

Dr. J. C. McPherson:—Mr. Chairman I feel like thanking the Doctor for the paper for various reasons. In the first place it seems to me breaking along new lines in the presentation of papers and away from the old stereotyped ones treating of abdominal section. There is not a man in practice who does not have moae trouble and lose more sleep from this class of work than any other he has to deal with and hence I am much pleased with the instruction given in this paper and cannot add anything to it.

The President, Dr. Kahlke:—I do not feel as though I have to

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apologize to the society for Dr. Adams's excellent paper. I believe this was a sort of selfishness on my part, because I was anxious to learn how Dr. Adams would treat cases of this character and when I asked him what the subject of his paper would be for the society this winter he asked me what I would suggest and I told him the subject of what he treated tonight.

In this connection I might say that at the time I happened to have an old lady, 80 years of age, with an intercapsular fracture. She has a friend who employs a prominent old school physician and this friend was anxious to see what his physician could do for her. I was giving her rest, and tonic treatment, without applying any apparatus. I told the friend, as no doubt Dr. Adams would tell one, that this was the best thing which could be done in a case of this kind. But something must be done, he thought, and so called in a prominent orthopedic man of this city; after he had the measurements all taken, another surgeon, equally as prominent saw the case and declared if the old lady was placed into such an apparatus she would be dead in less than a week. Then, again, I saw a case where a surgeon, one who enjoys quite a reputation as such, was called in to see an old lady, the history of whose case called attention to shock; it was as follows: she was washing a light handkerchief, simply giving a rinsing, and while standing, fell to the floor and unable to arise. This surgeon came in, declared she must have an anesthetic, which was given, took hold of the leg manipulated it and gut crunching. That settled it, but the old lady never recovered. This simply goes to show to what extremes some surgeons will go, where, if he had used Nelaton's or Brayent's test, the diagnosis could have been made out and the trouble avoided as well as the extra danger involved with giving a patient of that age an anesthetic.

There comes in a nice point, which the doctor mentioned, and that is testing the length of the leg. The leg may not be any shorter, in fact it may be a little longer, because the patient may have received some years before a fracture of the opposite leg. You sometimes get a typical Colles' fracture, and there is then no shortening of the leg, and in these cases all you will be able to find is localized sensitiveness. I have now, in the hospital, a man sixty-five years of age, with an intercapsular fracture and in the same side, same femur, a fracture of the femur. That case is a very hard one to treat for the reason the patient is a large muscular man. Nothing but an inclined plane will keep these three fragments in line. If you put on extension, in twenty-four hours' time you have exfoliation of the skin, because of lowered vitality, and then again extension interferes with the fractured ends of the neck. This patient has chronic bronchitis, chronic heart trouble,

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poor nourishment. What are you going to do in a case of this kind? You cannot use the classical treatment laid down by the best authorities. The one thing left to do is the best you can, save the life of the patient if possible. I believe in extension, pressure over the trochanter when it can be applied according to the idea of Senn.

The meeting stood adjourned at 10:30 p. m.

CHARLES E. KAHLKE, M. D.,
President.
WILSON A. SMITH, M. D,
Secretary.

Missouri Valley Homeopathic Medical Association.

The eighth annual session of the Missouri Valley Homeopathic Medical Association was held in the Paxton Hotel, Omaha, Oct. 23-24. Dr. D. A. Foote, in behalf of the local committee, called the meeting to order and delivered the address of welcome. The president, Dr. W. A. Forster, responded to the address of welcome, then took the chair and presided with all the grace and—— but then every lady knows Forster. The president's address was a gem of its kind and the chief executive was made very thirsty by the many warm congratulations.

The meeting was a success and this success was not confined to any one feature.

Pratt and McIntyre, of Chicago, were there. Bailey and Woodward, of Lincoln, were there. Forster and Crutcher, of Kansas City, were there. Hanchett and Foote, of Omaha, are always there. Montgomery and Hanchett, of Council Bluffs, were "vefy much" there. Westoner and Ranold intended to be there and so the list swells till it were easier to name the absentees.

The officers elected for the ensuing year are,—President, P. J. Montgomery, Council Bluffs, Ia.; vice president, A. P. Hanchett, Council Bluffs, Ia.; general secretary, (re-elected) Lewis P. Crutcher, Kansas City, Mo.; treasurer, W. M. Plimpton, Glenwood, Ia.

The secretary reported rapid and substantial growth of the society and the treasurer's report placed the association on the easy side of the ledger.

The ninth session will be held at Lincoln, Neb., Oct., 1902.

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Correspondence.

To the Editor:—

During my recent visit in the south I had a most enjoyable time and took the opportunity of a week's boiling at Hot Springs, Ark. I was surprised to see how many people go there in the winter and learn that it is rapidly becoming a mecca for persons during the winter months.

I would like to utter a word of caution to homeopathic physicians who send their patients to Hot Springs. First, let me impress upon the physicians of the country that there are five homeopathic physicians located at that place, and instead of recommending your patients to a member of the opposite school it would be much better to send them to one of your own persuasion. This for two reasons: First, the patient returns home to you still a patron of your own school, and secondly he is treated from a homeopathic standpoint and cured instead of his disease being suppressed.

It is important when you send your patients here to send them to a certain physician. The soliciting business, or better termed the bunko-steerers, infest every train. The smooth looking grafter opens his conversation with the passenger and if you inform the confidence shark that you are going to one of the homeopathic physicians, the chances are ten to one that you will receive the information that such physician has been dead for some time. The grafter cares nothing for truth, he is looking for the commission he will secure from the victim. It is unfortunate that the physicians back of this nefarious practice belong as a rule to the allopathic school.

The Hot Springs are the property of the Government of the United States and if the government would only put its foot down upon such a practice it could be very easily stopped. As a result many worthy men of both schools are being imposed upon, for it often happens that patients sent to a physician here never reaches that physician at all through the chicanery of these solicitors. If the government would shut off the supply of water from those who run bath houses by the aid of drummers it would soon put a stop to the accursed traffic.

Among the homeopathic physicians here I called upon the following: Drs. Charles and Frank B. Drake; Dr. V. H. Hallman, 606½ Central Ave.; Dr. Morris Hale, 326 Central Ave., and Dr. E. L. Biggs, 326 Central Ave.

The Dr. Drakes are sons of the late Dr. J. P. Drake, one of the best known pioneers of the homeopathic school, who died a short time ago at Nashville, Tenn., where he resided during the latter part of his professional life. Dr. Hallman is a

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member of the American Institute of Homeopathy, as is the Drs. Drake, and is well known. Dr. Hale and Dr. Biggs are not members but I understand Dr. Biggs hopes to become one at the meeting of the institute in Cleveland this year.

There is absolutely no excuse for the homeopathic physician in the North or South permitting his patient becoming the prey of these vultures of the road, the soliciting agents of the quacks, which infest Hot Springs, if they will only take the pains to send their patient direct to one or the other of these physicians, and it is an absolute disgrace to allow such a thing to be done.

The Doctors Drake have a fee-bill printed which greets the eye of the visitor and he is informed of the cost of the services right at the start. The other physicians of our school have the same so the ethics of the profession are observed. The fees are as follows: Office consultations, $5.00 to $25.00; visits to hotel, $10.00 to $25.00; examination of urine, $5.00 to $25.00.

I had the pleasure of stopping a few days on my return with Dr. W. E. Green, the homeopathic surgeon of the south. He enjoys a most excellent practice in Little Rock, chiefly surgical, being often called in by the regular physicians to do such work. He has regained his former good health which is good news to his many friends in the American Institute. He hopes to be present at the meeting in Cleveland this year.

Every place I went I heard good words spoken for THE MEDICAL VISITOR, which ought to make ye editor feel proud of the fact that your work is appreciated.

Very truly yours,
A. E. FRANKLAND.

DR. WILSON A. SMITH, Chicago, Ill.

My dear Dr. Smith:—Your remarks on "Should Auld Acquaintance be Forgot?" in the January VISITOR touched me in a tender spot. I had not before thought of how rapidly we are all slipping into the past.

Your suggestions concerning a class, college and general reunion at Cleveland is most admirable. We are losing our *esprit du corps*, as a school, because we are less and less opposed, and opposition cultivates strength. We must do something to keep up the college and school enthusiasm or we shall lose as the future comes. * * *

I shall see that the matter of college reunion at Cleveland is properly presented to our men here.

Sincerely Yours,
JAMES A. CAMPBELL.
St. Louis, Mo.

(Now, if all will do as Prof. Campbell intends doing we shall have the opportunity of grasping hands again as in the days of "auld lang syne.")

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Book Reviews.

STUDIES IN THE PSYCHOLOGY OF SEX. SEXUAL INVERSION. By Havelock Ellis, L. S. A. (England); Fellow of the Medico-legal Society of New York and the Anthropological Society of Berlin; Honorary Fellow of the Chicago Academy of Medicine, etc.; general editor of the Contemporary Science series since 1899. The "Studies in the Psychology of Sex" will probably be completed in five volumes. "Sexual Inversion" is second volume in the series. Pages xi-272. Size, 8⅝ x 5¾ inches. Extra cloth, $2.00 net, delivered. Sold only to physicians, lawyers, advanced teachers and scientists. Philadelphia, Pa.: F. A. Davis Co., publishers, 1914-16 Cherry Street.

To know the full glory of sunshiny days one must know something of cloudy days; to know the deviations from mental health one must know not only normal but abnormal conditions. If the field of psycological medicine is to be limited it appears to the reviewer that here in this abnormal state of the mind must be its great sphere of action.

The book is of exceeding interest to one who would help to lift humanity into a higher sphere of living. In regard to the handling of these cases the author believes better results may be obtained by prevention, while in cases of seated homosexuality the line of treatment traverses to courses of mental therapeutics It is a very interesting work.

A BRIEF MANUAL OF PRESRIPTION-WRITING in Latin or English for the use of Physicians, Pharmacists, and Medical and Pharmacal Students. By M. L. Neff, A. M., M. D., Cedar Rapids, Ia. Pages v-152. Size, 8 x 5¾ inches. Extra Cloth, 75 cents, net, delivered. Philadelphia, Pa.: F. A. Davis Co., publishers, 1914-16 Cherry Street.

The physician who lacks a Latin education as well as the one who has forgotten the declension will find this little work of much aid in enabling him to form correctly the endings in a prescription. The object is to give the essentials only. It has a number of blank leaves for one to add such formulae as he desires and will make when filled an excellent reference volume.

TRANSACTIONS OF THE HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, for the year 1901. Volume XXXVI. Edited by Secretary DeWitt G. Wilcox, M. D., Buffalo, N. Y.

We are under obligations to the efficient secretary, Dr. Wilcox, for this volume of transactions for the reason that it contains many excellent papers and particularly so because many papers were fully discussed, and it is in the full discussions of papers lies the real value.

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THE MEDICAL VISITOR

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Original Articles.

BRIGHT'S DISEASE AND UREMIA. *

BY CLIFFORD MITCHELL, M. D., PROF. OF DISEASES OF THE KIDNEYS, CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

It is my purpose in the present paper to consider the uremic phenomena occurring in the various forms of Bright's disease, acute and chronic. The study of renal diseases is full of perplexity and seeming contradiction; clinical features are known to be at variance with post-mortem findings, and even German authorities will admit that our knowledge of kidney diseases is somewhat behind that of most other maladies. I can merely relate what I have observed, without attempting to invent plausible hypotheses or to build up ingenious theories by which the facts may be explained.

The diagnosis of uremia in most cases of *acute congestion* of the kidneys, especially when resulting from surgical operations, including the passage of a sound or catheter, seldom presents any difficulty. We find partial or complete anuria, and if any urine is passed away it usually contains albumin, blood, and casts, singly or together. Nevertheless it is true that every now and then we see a case in which less than ten ounces of urine are passed in twenty-four hours not containing either albumin or casts; headache, twitchings, and delirium may occur in such cases, or there may be no marked disturbances at all, at least not for several days. This condition may be either one of acute congestion of the kidneys, in which case we are more likely to see uremic phenomena, or else due to some disturbance of innervation, as in hysteria, in which case little or no urine may be passed for days before uremic phenomena manifest themselves. In cases of total anuria from suppression, the theoretical period of life for the average adult is, according to Bouchard, about fifty-two hours. Practically, however, we observe that, if the suppression is the result of urinary fever and acute renal congestion fol-

* Homeopathic Medical Society of Chicago.

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lowing the passage of a sound or catheter, death is likely to take place in less than fifty hours, while in anuria from suppression in hysterical cases life may be prolonged even beyond a week. So that in general about all we can safely predict as to death from the uremia of total suppression is that it will usually take place within twelve days, unless relief can be had.

In the treatment of uremia from the more or less complete anuria of acute congestion or acute nephritis, we find use for cupping, hot applications to the region of the kidneys, sweating, catharsis, or colon flushings with rectal injection of warm aseptic normal salt solution. In the case of very young children we cannot always use the vigorous measures described, especially the colon flushings, or even rectal injections, as both child and parents may strenuously object to the procedure. In such cases sweating by the sheet and blanket method must be our reliance.

While speaking of children, it may not be amiss to recall the fact that occasionally a male child is born with a prepuce so tightly adherent as to close the meatus completely, and thus prevent urination. In the case of any male infant, therefore, when urine is not voided after the usual period of twenty-four to thirty-six hours, examination of the prepuce should be made, if it has not been done before.

It must also not be forgotten that prolonged cases of polyuria from any cause may develop uremic symptoms from sudden and more or less complete anuria. Not long ago I saw a case of diabetes mellitus of two years duration, in a young woman, in which death was preceded by sudden diminution in the quantity of urine, appearance of albumin and casts and finally total suppression for a day or two, all measures for relief of which were futile.

In *chronic congestion of the kidneys*, dependent upon cardiac diseases, with resultant scanty flow of urine, it is sometimes surprising how long the patient may survive without cerebral symptoms, when the daily amount of urine may not exceed ten ounces. In one such patient observed, who had ascites, hydrothorax, and edema of the lower extremities, the daily quantity of urine had been but eight or ten ounces for several months, during which time neither headache, twitchings, convulsions, nor coma were noticed. At times he was slightly delirious, but the attacks were few and of short duration. It must not be forgotten, however, that sudden reduction of dropsy by catharsis in cardiac cases which have previously not been conspicuously uremic may be followed by delirium or stupor, unless at the same time the quantity of urine can be increased. It is my custom, therefore, when dropsy is to be reduced, as it often can be by administration of massive doses of

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Epsom salt and digitalis, to give at the same time potassium citrate in 20 grain doses, in water, three or four times daily.

At the last meeting Dr. Hood spoke of drowsiness as a feature of some cases of myocarditis. Inasmuch as myocarditis frequently accompanies contracting kidney, it is not impossible that the drowsiness in such cases is uremic. Whenever it occurs attention should be directed to the quantity of the urine, which if scant should be brought up to normal by appropriate treatment.

The insignificance of uremic symptoms in some cases of chronic renal congestion is not so surprising as the not uncommon absence of noticeable cerebral symptoms in some cases of *chronic nephritis* of the *parenchymatous* or diffuse type. Cases occur in which the patients, dropsical almost from head to foot, pass urine loaded with albumin and containing hundreds of casts per 15 c. c., while as yet cerebral symptoms are practically nil. I have seen patients with a high degree of ascites and edema of the lower extremities, with so much albumin in the urine as to coagulate nearly the whole fluid when boiled, mentally able to attend to their business affairs, and who insist that they feel "well enough;" were it not for the dropsy and albuminuria they "would not know they were sick."

Some of our text-books on practice say that two features of uremia are practically constant, viz., 200 grains of urea or less in the twenty-four hours' urine and the presence of casts. It does not follow, however, that in all cases where we find these two features that cerebral symptoms of uremia will be conspicuous. Dyspnœa is often a more or less distressing feature in some of the cases of the parenchymatous type, but whether it is purely uremic or referable to ascites, hydrothorax, or pulmonary edema is difficult to say.

It does not follow, nevertheless, that the patient in cases of this type will not eventually manifest cerebral symptoms of uremia; a few weeks before death I have often noticed the onset of such, and in parenchymatous cases I deem them a reliable prognostic sign of speedily fatal issue.

The most perplexing cases in my experience are those in which the nephritis is of the *interstitial* variety. Here again the statement that "200 grains or less of urea in twenty-four hours and the presence of casts are practically constant findings in uremia" is open to criticism from the standpoint that 200 grains of urea or more does not exclude the possibility of the occurrence of very serious uremic phenomena. I have made repeated examinations in certain cases of chronic interstitial nephritis, in which the quantity of urea invariably exceeded 200 grains and was sometimes as high as 400 grains, in which nevertheless the patient had occipital headache, drowsiness, dizziness, and attacks of un-

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consciousness followed subsequently by coma or convulsions. Nor has the uremia of chronic interstitial nephritis anything to do apparently with a large quantity of albumin in the urine. I have seen patients in uremic stupor in whose urine albumin was no more than five per cent. bulk. I have seen patients steadily sink into drowsiness, stupor, and coma after the amount of urine had been brought up to normal by treatment, when urea was well over 200 grains in twenty-four hours, and when albumin had fallen in amount until barely a trace could be found. It is true, however, that, in those patients who without much warning are suddenly seized by convulsions, the urine passed just before or just after the convulsions is likely to be highly albuminous. But it is also true that patients who recover from such convulsions and apparently are doing well, when albumin is but a trace in amount and the quantity of urine and urea not particularly small, may die suddenly. It is therefore, important not to assume that because a patient with chronic interstitial nephritis is apparently doing well that he will continue to improve. I have long since given up the practice of attempting to predict what will happen and when in such cases. The sum and substance of my observation of many cases of contracting kidney is that as a rule death is likely to occur within six or seven years from the time when the continuous presence of albumin and casts in the urine can be readily demonstrated.

Whether the co-existence of glycosuria tends to prolong the patient's life or not is difficult to say. In one of my cases albumin and casts were found for seventeen years, then sugar appeared, and at the end of twenty-two years the patient is still alive, in active business, and feeling fairly well. He has from one to three per cent. by bulk of albumin and about the same amount by weight of sugar. In another case albumin and casts were the feature for a year or two, then sugar appeared in considerable quantity, three to five per cent. by weight, and albumin diminished to a faint trace. After three years of the glycosuria the patient had hemiplegia and died in less than a year after the attack.

In view, therefore, of the contradictory and perplexing character of the phenomena described, how are we to assure ourselves that a given patient is uremic or not? We may err in overlooking a case which is really uremic, or we may be mistaken in assuming uremia to be present when something else is the cause of the condition.

The reasons why a condition of chronic uremia may be overlooked are as follows:

1. On part of the patient assumption that nervousness or dyspepsia is the primary cause of his trouble, with result that he spends his time and money doctoring himself with advertised cures for these maladies.

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2. On part of the patient, ignorance or disregard of the fact that he is passing less urine than normal. Patients are very quick to notice that they are urinating more frequently than usual, or passing a larger amount of urine than usual, but few seem to notice when the urinary secretion is growing scanty or to attach importance to a diminution in the quantity. Cases of contracting kidney are not infrequent in persons physically and mentally active, whose minds are occupied with affairs and who do not think of themselves until they are conscious of unaccountable muscular weakness. Then on investigation it will be found perhaps that they are passing only 15 or 20 fl. oz. of urine a day, in which the presence of albumin and casts can readily be demonstrated, and in which urea is less than 200 grains in amount.

3. On part of the physician disregard of the importance of examining urine voided during the day. If a patient is merely told to bring a sample of urine for examination, the chances are that he will bring the urine voided on rising in the morning. Now it is a fact that in certain cases of contracting kidney both albumin and casts may be absent from the urine voided on rising. I need not again refer to the case so often quoted by me, in which I failed to find either albumin or casts in the early morning urine of a patient with retinitis albuminurica, six weeks before death from coma. A few months ago I examined the urine voided on rising by a man whose history was unknown to me, and found it practically normal. Later I asked for his day urine, and found in it albumin, casts, blood and pus corpuscles, and crystals.

4. On part of the physician too much confidence in the presence of a fairly large quantity of urea:— I will not deny that in a case where the features and history point to uremia, and where the patient is voiding less than 200 grains of urea a day, and where the presence of casts in the urine can be demonstrated, that the case is indeed likely to be one of uremia, but I do insist that excretion of more than 200 grains of urea does not exclude uremia.

5. On part of the physician too much reliance on the condition of the heart and pulse; it is indeed true that an albuminuria coinciding with a tense pulse and headache is significant usually of contracting kidney, but a good many cases of uremia will be found in which cardiac and vascular features are by no means marked, and there are a good many cases with marked cardiac and vascular symptoms which do not manifest uremia. Uremic poisoning, like poisoning by other agents, does not affect all persons alike.

We may mistake other conditions for uremia, as follows:

1. Women frequently void much pale urine by night and the total urea falls below 200 grains in twenty-four hours. If albumin and casts

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are absent from the day urine as well as the night, the condition may be due to constipation and fecal impaction, and the treatment is colon flushing. In other cases ovarian and uterine diseases seem to bear some relation to the deficiency of urea.

2. Typhoid fever, the great imitator of other diseases, may be the cause of stupor, rapid feeble pulse, dry brown tongue, twitchings, and a continuous slight fever. Here again the history of the patient, if it can be obtained, the rose rash and the Widal reaction, will serve to differentiate, especially if albumin and casts are absent and cardio-vascular changes not marked.

3. I have seen one case in which a diagnosis of contracting kidney and uremia was an exceedingly plausible one; the patient was an elderly male with enlarged prostate, who had pain and frequency of urination, and who was passing a large quantity of pale urine containing only about 200 grains of urea, blood and pus corpuscles, and a very considerable amount of albumin, sometimes as much as 20 per cent. by centrifugal bulk measurement. He was afflicted with great nervousness and insomnia. The question arose whether contracting kidney and uremia were responsible for his nervous symptoms. The presence of so much albumin, unaccounted for by the small quantity of pus and blood, and the poor quality of the urine, pointed strongly to the theory that the patient was uremic. But repeated examinations of both day and night urine failed to find casts, and there were no uremic phenomena other than nervousness and insomnia. Physical examination revealed nothing but the enlarged prostate. I ventured, therefore, though with a good many misgivings, to deny the presence of uremia. It turned out subsequently to be a case of cancer of the bladder.

The most constant feature of chronic uremia I have found to be loss of muscular strength. I have seen this condition repeatedly present before changes in the organs of the body could be demonstrated. I do not recollect at present any case subsequently proved to be uremic in which the feature was absent. So that if I were asked to give a diagnostic hint with reference to uremia, I would say: Cases in which loss of muscular strength is noticed, together with the presence of casts in the urine and even a trace of albumin, sought for not only in the night urine but in the day, and even if found only in the day, are cases of uremia, regardless of a quantity of urea above 200 grains in twenty-four hours, and regardless of absence of other symptoms or physical signs.

Inasmuch as chronic uremia tends to progress to a fatal issue, early recognition of it and systematic treatment are imperative. The patient is primarily to avoid anything which tends to irritate the kidneys or to lead to acute congestive attacks. Alcoholic liquors, sexual excess,

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hearty eating, especially of nitrogenous foods, and chilling of the surface of the body, are potent factors in aggravating the condition. I have noticed that there is a tendency on part of such patients to be worse in sudden changes of the weather, even if they stay indoors, particularly in the winter time, when the thermometer drops in a few hours from thirty or forty degrees above to zero or below. When the urine decreases in quantity, it can be usually brought up to normal by administration of potassium citrate in 10 to 20-grain doses in water three or four times daily. In women, adonis vernalis in ten-drop doses of the 1x dil. sometimes acts well. If the patient becomes dropsical, we may give Epsom salt and apocynum, or the salt and digitalis, according to the condition of the heart and pulse. We cannot rely on diuretics alone. Life is short and diuretics uncertain. Elderly patients with chronic renal congestion may require two or three doses of Epsom salt a week and a daily dose or two of digitalis infusion and potassium citrate for months at a time to keep down the dropsy, regulate the heart, and keep up the quantity of urine.

When we have a dry skin which does not yield to baths and massage, we give jaborandi ix dil. in five-drop doses for a day or two, until perspiration is established, if it can be, and then follow with digitalis, Hypodermics of 1/8th grain of pilocarpine may be necessary in the case of patients who are in convulsions or are comatose.

Uremic headaches are a source of much suffering and are frequently followed by vomiting. For these headaches glonoin, caffeine, and the various coal-tar preparations are given and usually with poor success. I succeeded in relieving such a case recently with a tablet of ox-gall, pancreatin, and nux vomica; the vomiting has entirely stopped and the headaches have been much mitigated in severity. Strict abstinence from meat must be enjoined in cases of uremic headache.

Difficulty of breathing in the later stage of contracting kidney is not always in such cases purely uremic but may be partly pulmonary from hydrothorax or edema of the lungs. It is best relieved then by salts and digitalis or apocynum. Spasmodic dyspnœa, with great distress, may require palliation by whiffs of chloroform.

Uremic nausea and vomiting is, in my experience, one of the most difficult things to palliate, and when it occurs the case is usually unmanageable and progresses more rapidly to a fatal issue. It is said that apomorphine, 1-50th grain hypodermically, will sometimes relieve it. A dose of four drops fl. ex. ergot and five of chloroform in a teaspoonful of water relieved one of my cases for the time being, but reliance must in general be put upon eliminative treatment, sweating, or jaborandi.

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In conclusion I would like to call attention to the methylene-blue test for uremia.

It is claimed that when one grain of this substance is administered preferably by hypodermic injection that the time required for the disappearance of the blue-green color from the urine is an index of the ability of the kidneys to do their normal excretory work on time. Prompt disappearance of the color (within 36 hours) is a sign that the kidneys are acting normally, but a delay in the disappearance of the color when prolonged to four days or more may be taken as a sign that there is latent uremia even if albumin and casts are absent.

The latter token is especially significant when repetition of the test results in the same delayed action. If this test can be proved to be infallible it would be of no small value to surgeons who are about to operate and also to physicians in cases where the diagnosis is doubtful. It is claimed that certain obscure cases in which albumin and casts were not found in the urine have been shown to be uremic by the methylene-blue, but inasmuch as we are not informed how carefully the urine was examined or whether after exercise and hearty eating we cannot as yet admit its superiority. In certain cases of contracting kidney albumin and casts are found only on occasion as after physical exercise or after hearty eating, especially of meat, and in doubtful cases care should be taken to examine not only the 24 hours' urine but also the urine voided after occasions as above.

Further it sometimes happens that methylene-blue does not color the freshly-voided urine at all, being excreted as a colorless chromogen. On standing exposed to the air, however, the blue-green color will appear after a few hours. In making the test, therefore, urine apparently colorless after 36 hours should be allowed to stand exposed to the air before the conclusion is made that the dye has disappeared.

Finally it must be emphasized that in all cases regard should be had for the history and general condition of the patient. No matter to what perfection our laboratory work is carried there is need and probably always will be of careful clinical study as well.

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ACUTE APPENDICITIS.

BY A. L. GARDNER, M. D., PAINSVILLE, OHIO.

I am not usually given to writing unsolicited articles, but the thought strikes me that while I have given to all schools of medicine, as I have met them, my treatment for acute appendicitis, that there are still thousands of physicians who ought to know of it, with whom I have never come in contact, and many of them are readers of THE VISITOR.

Thirty years ago the present winter, I had a desperate case of "inflammation of the bowels," as it was then called, and which I believe now was a severe case of acute appendicitis, in which I used a medicine that my precepter, Dr. H. W. Curtiss, of Chagrin Falls, Ohio, once told me would often prove a sovereign remedy in persistent vomiting and empty retching. The case responded as follows: "Within one hour after giving eight grains of calomel my patient fell asleep; the extreme pain and vomiting of course ceased, and eight hours thereafter the excretion from the bowels filled a very large vessel level full of mushy fæcal matter. The bowels on examination felt perfectly empty; the patient and nurse insisted that there was absolutely nothing more to come away, but I had not dared to tell them what I had given and yet I must give the oil, on some plea, to get rid of the calomel, and so after a careful examination I insisted so strongly that there was more to come away, I finally succeeded in giving the patient three large tablespoonfuls of castor oil in in half a teacup of milk. Four hours later, to my utter astonishment, the same vessel was again filled level full and my patient went on to an uneventful and speedy recovery, beginning then and there.

For all these thirty years I have pursued the same course in every instance, in counsel with many other physicians also, and in not a single instance has the patient failed of a prompt and rapid recovery, and in no single instance has a surgical operation been performed.

While I do know, just as positively as anyone that in chronic, recur rent cases, the knife is the only rational treatment, yet in idiopathic, acute appendicitis, treated medically, as I have herein indicated, the knife will not be required.

In this vicinity my medical friends have seen fit to call it the "Gardner treatment," and I am proud to be thus identified with such a successful method and one which proves such a boon to humanity.

I have given the calomel in varying doses from six to ten grains to adults. I have just had a very severe case within the past ten days, of a young fellow eighteen years of age which I discharged two days ago.

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ANTITOXIN AND CARBOLIC ACID.

BY CHARLES H. EVANS, M. D., CHICAGO, PROF. OF MATERIA MEDICA, HAHNEMANN MEDICAL COLLEGE.

Probably no other medical subject in recent time, has occasioned such heated controversy as the use of antitoxin for the treatment of diphtheria. The employment of other serums has only resulted in the advancement of moderate claims by its partisans who are comparatively small in number and a mild indifference on the other hand by the skeptical. But the friends and foes of antitoxin have always engaged in acrimonious debate in season and out of season, in conversation, in medical journals, and newspapers and in the forum of medical societies; often with vehemence, passion, and bitterness of expression inconsistent with scientific discussion.

In this wordy war, the end of which is not yet, two facts have been established, viz., that while many trustworthy users of antitoxin have claimed almost miraculous cures in consequence of its employment, there are also a considerable number of other physicians, whose statements are equally worthy of confidence, but who are unsparing in their denunciation of the worthlessness of this substance and ever assert that positive injury has been caused by its employment in their patients.

Now with regard to these conflicting statements, one vehemently affirming and the other as positively denying, and there being no reason to doubt the sincerity of any of these practitioners no matter on which side they are ranged, the facts in the argument can only be ascertained by looking beyond the clinical narrative.

The first and most likely thought to suggest itself would be inquiry as to the identity of the serum employed in all these instances and in what particulars it varied if it really differed in composition. And if such were the case the serums would be as useful or as useless as they varied from a certain standard. That such is the fact can readily be ascertained from the "laboratory" advertisements, each of which glowingly lauds its own specially prepared serums. It is therefore a well known fact that in the different laboratories, proprietary and civic, various chemical substances are added to the finished serum as an "antiseptic." In some instances this is resorcin, in others it is carbolic acid or its allies, and still others it is a chemical known only to the manufacturer. Viewed from the chemical standpoint antitoxins must vary; viewed from the therapeutic standpoint they do vary, as the abundant toxic testimony recently furnished by St. Louis and Camden, New Jersey, fully establishes.

It is of course impossible to say with certainty whether or no the

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serum alone exercises any curative effect in the treatment of diphtheria, as it never exists free from other medicinal substances. And as these, in a number of instances, are known only to the manufacturer, nothing can be ascertained as to their qualities. In regard to resorcin, but little is known of its essential effects outside its empirical usage, but of carbolic acid there is revealed a large array of toxic effects obtained from accidental, suicidal and voluntary sources. Without entering into a discussion of the well-known solvent effect of the blood serum of one animal upon the corpuscles in the blood of another kind and which might exert a more or less unfavorable influence upon the blood crasis it will be sufficient at this time to show that *when antitoxin acts curatively in diphtheria it is the contained carbolic acid which cures.*

Furthermore, when the percentage of carbolic acid in the serum is too great, its use then adds fuel to the flame in consequence of its ability to simulate diphtheria. And still more, carbolic acid is just as efficient in solution with alcohol as when it is dissolved in the serum of a horse or other animal.

In support of these arguments the pathogenesis of carbolic acid may be compared and found to agree, symptom by symptom, system by system, tissue by tissue, etc., with the clinical history and morbid anatomy of diphtheria.

It is not intended, however, to convey the impression that carbolic acid is by any means a specific in this disease, for diphtheria differs in severity in various subjects and in successive years but in the malignant form it has been of the greatest service in saving apparently hopeless cases.

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Among the Journals.

RHEUMATISM.

In the treatment of children of rheumatic inheritance very much can be done by way of Prophylaxis. The child should wear flannel undergarments, and care should be taken that the child's feet be kept warm and dry. The avoidance of exposure in damp weather is always a necessary precaution. The affected joints should be wrapped in cotton wool; it is very rarely necessary to make any outward application to them. The chief characteristics of rheumatism in young children are, that often it does not involve the joint, and that the milder forms of the disease are much more apt to be complicated by endocarditis than is the case in adult life.

If the child is suffering from muscular rheumatism and it becomes necessary to employ external applications, then one of the following can be employed. Heat is very effective; either by hot water bag or bottle; or the part affected can be covered by flannel, and gone over with a hot flat iron; the hot douche, hot fomentations, or the application of flaxseed meal poultice with a few drops of laudanum applied, may oftimes be employed with success, or flannels wrung out of hot water, and mustard plasters. If cold applications are used, there is none better than the methyl-chloride spray; ether may also be employed for the same purpose.

The application of some stimulating liniment combined with massage is a very effective means.

If the child is suffering from acute endocarditis as a complication, it is not well to trust entirely to remedies, as the pain is unbearable at times, and much can be done by outward applications over this region.

The ice bag applied directly over the heart will usually control the severe pain and palpitation that are present; it is well to place, too, a piece of flannel over the skin, otherwise erythema may appear. A mustard plaster will also give quick relief.

Attention to the child's diet is absolutely essential; starchy and saccharine foods must be used sparingly, and fresh vegetables, milk and fat, young meat, etc., are to constitute the main dietary; a highly nutritious diet, however, must be given the child.

Homeopathic remedies are useful, and many times abort severe cases, or shorten their duration.

Aconite may be thought of early in the attack. There is restlessness, fever and involvement of the joints; this remedy is of special importance,

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when the cause of the attack can be directly traceable to a chilling of the body.

Belladonna is specially indicated when there are febrile symptoms; general malaise, aching all over the body, sore throat and stiff neck. There are painful spots that are sore on gentle pressure yet firm pressure is tolerated. Pains gradually increase, suddenly decline and appear elsewhere. The pains are cutting, tearing, and lightning-like through the joints.

Bryonia is useful in either muscular or articular rheumatism. The swollen joints are very sensitive to the touch; the slightest motion is intolerable; the joints are hot and shining, and the skin looks as if it had been stretched over them; heat applied externally affords relief; the bryonia patient differs from the rhus tox one, in that he is made worse from the slightest motion, while with rhus the patient is continually moving about.

Mercurius has the tearing pain that is not relieved by sweating; the pains are worse at night, and from the warmth of the bed; the joints look swollen and pale. There may be gastric disturbance; with coated tongue, taking the imprints of the teeth; a foul breath. There may be extension to the heart, lungs, and pleura.

Pulsatilla has the changeableness and tendency to shift about from joint to joint; there is aggravation from warmth, and relief from cold. There is relief from motion and in the cool, open air. The joints are very sensitive, but without any visible signs of inflammation.

Rhus Toxicodendron patients cannot bear cold air; the pain and stiffness is made worse on commencing to move, but continued motion brings relief. This remedy has a wider range of usefulness in rheumatism than any other remedy. The rhus patient is made much better by dry, warm, external applications.

Apis is useful when the pains are of a stinging or burning character; there is much œdema of affected parts and synovitis.

Arnica is most useful in rheumatism, that has been brought on from exposure to dampness, cold weather, and where there has been excessive muscular strain; the parts feel sore and bruised; the patient has a dread of being touched; the urine is scanty and high colored; the patient is chilly in bed; there is great internal heat and sour sweats.—*Homeopathic Journal of Pediatrics.*

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WHICH ROAD?

Fifty years ago the homeopathic profession was fully occupied in spreading the knowledge of the law of homeopathy and of the successful results of its practice. Books, pamphlets and magazines were written for both the profession and the laity and scattered broadcast. New provings were made, old drugs reproved, poisoning cases were hunted out and analyzed, the people were taught and believed and profited thereby. All worked in unison and were happily and profitably employed.

Twenty-five years later the profession was writhing in the throes of an internecine war. Two parties were arising and a division of the school was imminent. The question was in relation to pure homeopathy. Was not the single remedy and minimum dose (a potentized dose) as much a part of homeopathy as the law of similia? Did not the three form the tripod upon which must rest the structure of homeopathy? The feeling waxed bitter and only the exertions of the wiser and calmer heads prevented a complete and open rupture. The strife was calmed and a provisional peace reigned.

Today, after another quarter of a century, a new question arises—nay, is thrusting itself balefully forward upon the profession. A question which threatens the very existence of the school and will not be downed. What is to be the future of our school?

How often have we asked ourselves this question? How often have we asked it of others, to receive the answer: "The law of homeopathy is a fundamental truth and must stand." This we truly believe, but have we clearly enunciated and defined this law? Ask the average layman or the average physician of another school what is the law of homeopathy and in nine cases out of ten he will tell you "It is the cure of disease by the administration of infinitesimal doses of medicine." So bitter has been the controversy over a minor detail that the main truth has been lost sight of. A vast encyclopedia has been compiled containing all the symptoms that could be obtained, but the valuable and the valueless are so intertangled as to make it practically useless. Only abortive attempts have been made to sift the good grain from the chaff, of which all acknowledge there is a plenty. The works of Hahnemann have been taken as our Bible, which it were heresy to doubt, and no attempt has been made to test the law, to prove it and clearly define its scope according to the best methods of modern science. Homeopathy is today practically the same as when given to us by its founder, to whom be all praise. No living thing in this universe, be it bird or flower, or animal or man or government can stand still. It must either grow or degenerate. We have ceased to discuss the potency and the single

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drug, but what else are we doing? Go into our pharmacies and look over the line of combination tablets which find a ready and large sale. What does it mean? Are we growing or degenerating?

On the other hand, glance at any recent old school materia medica and you will see a practical working materia medica of homeopathy. If you will look at recent works and articles on therapeutics you will find such statements as these: "Fractional doses of podophyllin relieve a form of diarrhea characterized by dark-colored movements, cutting pains and worse in the morning." Ringer. "Nitro-glycerine causes congestive headaches, with intense throbbing; when properly selected for morbid conditions of similar character, gts. 1-1000 will give relief," etc., etc. In other words, the Old School have taken the law, applied the test of empiricism and dropped those symptoms that could not stand the test. Many valuable indications have been left out, but it is better to drive one horse that you can manage than a four-in-hand that you cannot. It makes no difference whether you say that an overdose produces a drug disease, which in subsiding carries the pathological disease with it, or that an overdose causes overstimulation which a small dose stimulates.

The law remains the same, and the more intelligent and advanced of the old school are today prescribing homeopathic drugs according to the law of similars, and are getting homeopathic results. "The law of homeopathy is a fundamental truth and must stand," but which will stand, the law as developed by the followers of its discoverer, Hahnemann, or the law as developed by the opponents of Hahnemann? The law is the same. Will you put your heart and soul and intellect into the work, develop and maintain the law of similia and obtain for it the recognition that it deserves, or will you sit idly down and see your opponents do the work for you and obtain the glory? There are two roads—one easy, the other hard. Which road will you choose?—Editorial in *North American Journal of Homeopathy*.

[The above is the best editorial we have seen in a long time upon the duty each physician owes to his school. As Dr. Porter says, you see in the recent works of old school writers excellent indications for the leading remedies of our school, in many diseases. Mercurius for dysentery; pulsatilla for dysmenorrhea; glonoine for congestive headaches, in doses of 1-1000th of a drop; bryonia for pains worse from motion, etc. No credit is given, but we all know where these indications were first given.

The question asked, "Which Road," applies to each and every one. The "Book" says "Choose ye this day," and let your choice be the road which demands labor.—EDITOR.]

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WHAT WILL MAKE A WELL MAN SICK WILL MAKE A SICK MAN SICKER.

We commend to the earnest consideration of the five thousand readers of THE MEDICAL VISITOR the following editorial from the pen of Dr. Cleves in the *Eclectic Medical Gleaner*. The doctrine of specific medicine to which he refers is very largely the doctrine of homeopathy, and if one judges from the latest text-books of the old school is rapidly becoming the doctrine of scientific medicine in all schools. It will repay you to read this over and over again, and to think about it as you read. He says:

"I very confidently insist that the above proposition is an *axiom*. The "Physiological Doctor," so-called, will wax purple and apoplectic in his defense of its axiomaticness. It is his sheet anchor. This is *not* because he has judiciously dissected the postulate, so to name it, but because under a *seemingly* possible construction, it would appear to rule out drugs. It is nuts for the medical *nihilist*.

"The drug-using doctor will deny that it is an axiom. He does this for exactly the same reason that constrains the drug skeptic to accept it is an axiom. According to his way of reasoning, it contradicts the sanity of drugging.

"Now, *first*, the proposition instantly, and without qualification, commends itself to the approval of your common sense. In fact, you *know*, by virtue of its self-evidence, that it is true. We are flesh and blood whether we are well or sick. The sick person is no more nor less flesh and blood than is the well person, and his relation to the hurtful and helpful things of his environment, is not changed a particle. Sickness does not throw one out of, and beyond, the ultimate relationships upon which depends our integrities; in other words, it does not modify the *ethics* of histology. The very possibility of sickness depends upon the *consistency* of physiology. You do know this is true, but this truth irrefragably includes the truth of the axiom under discussion. Firmly intrenched as I am in the drug idea, I would have to let it go if its existence were actually in conflict with the truth of our axiom. Happily, each of these great truths sustains and re-enforces the other—their relationship is evenly and absolutely reciprocal.

It is incontestible that the doctrine of Specific Medication is the largest fact in medicine. This doctrine does not, by any means, hold all there is of therapeutic truth but to it belongs certainly the greater share of it. Cure by indirect medication is no less demonstrable than is that by the direct method. This follows upon the fundamental fact that reflexes play, no less through method than through matter. Only a form of mental divulsion can make one blind to this truth. If, however, it were

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true that, in the *gross*, direct medication has no advantage of indirect medication, it does possess a vast advantage by virtue of its esthetic conformity to modern civilization and refinement. This factor of the present medical situation is enormously and tremendously important. It is of such moment that it carries within itself *one-half* of all curative possibility.

It was not my purpose, however, to discuss the advantages and beauties of specific medication. They are sufficiently self-assertive to take care of themselves. What I wanted to bring to the fore is the truth that specific medication is primarily dependent upon, and essentially coincident with, the truth of our axiom. If the proposition heading this article is not an axiom, then specific medication is a fraud and a fallacy —a delusion and a snare. What is the fundamental formula of specific medication? It is this: "*Like causes produce like effects?*" Is not *that* an axiom? No thoughtful person will deny that it is. But is the logical essence of this separable from the soul of our axiom? Get down to the bottom of the matter and it will be as clear as daylight to you that our axiom is a direct corollary of the axiom quoted. The conclusion cannot possibly be dodged.

There are superficial plausibilities in these connections which will easily trip the unwary. Something of this class is the most common.

We give a woman who is having puerperal convulsions fifteen or twenty drops of specific veratrum at one dose. Because it does not alarmingly depress her, are we to conclude that one who is way below par can *stand* more physical harm than one who is at par? You see, of course, that such a conclusion would be utterly absurd. The fact is that veratrum is no less poison to this woman than it is to a well woman. The truth is that, although she may *swallow* or have *injected* into her circulation fifteen drops of the veratrum, she does not *get* over three or four drops. The defensive forces have too much on their hands already to permit them to much more than *notice* the new intruder. It can be more plainly illustrated thus: There lie in a row four persons who are sick. A is only slightly sick; B is much sicker; C is very sick, and D is at the point of death. An old medical troglodyte is called in and insists that they must all of them be blistered. A is easily vesicated; B is very considerably less so; C answers with only a slight dermic congestion, while D does not respond to the cantharides at all. Now it is true (but in *what* sense?) that D can stand more than the other three together. Just wait a *little* longer, i. e., wait till he is dead, and you will find that he can *stand* more than regiments of live men. See?

Let us disabuse our minds of the notion that a patient can stand more of an *indicated* drug than of an unindicated one. Medicine does not

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cure by stopping a hungry mouth — by filling an aching void. It does not satisfy a tissue, or organ-hunger, for it is not a tissue or organ-food. It cures by deflecting a morbid trend, or jarring out a pathologic tangle. It cures by virtue of its heterogenity; it cures by specific *shock* always. Phytolacca is a therapeutic certitude. It will always stop a threatened mammary abscess. All eclectics know this. Does it do it by supplying a *lack* in the diseased breast? What lack could it supply except a lack of phytolacca? Is phytolacca one of the elements of mammary tissue, and is this drug assimilable? Are these foolish questions? Then let me ask you some questions which are not foolish. Is isolated iron an element of the tissues or of the blood? If not, is it assimilable? If it were assimilable, can you think of any condition that would call for its use, seeing that there is always an abundance of iron (in combination) in our food? Is there any known chemical, vitochemical, or observational reason why iron should *catalytically* cure, or make for cure, in the *symptom* called anemia? Not to be "meally-mouthed" about it, is not such practice *damned assininity?* That's the way I feel about, and I feel that way with all my little might, soul, and strength.

Iron is always given under the tissue-feeding impulse. The tissue-feeding notion is the direct offspring of the very baldest and starkest of all conceivable therapeutic sciolisms. It depends upon the doctrine that medicine is food, and food is medicine! It assumes positively that there is a *positive* food cure. It stretches philological courtesy to admit that there is even a *negative* food cure. The mode of such cures depends upon dietetic *restrictions.* You think you are practicing a positive food cure when you prescribe asparagus for torpor of the kidneys. You are doing no such thing, for no pabulum *whips* a special organ. The diuretic element in asparagus is a drug, and it is not assimilated. It could not *at the same time* be physiologically conservative and integrative and exactly the opposite of this. What is true of asparagus is true of all food medicines, so-called. Think of it—the diuretic principles of asparagus often produces urethritis. Shall you call that a *food*—a conservator of normality—which always makes for abnormality? The difference between a food and a drug is this: A food is homogeneous to the system; a drug is heterogeneous to it. A food adds itself to the tissues; a drug does not. Out of these facts I have evolved another axiom—*Food is food, and medicine is medicine.*

The physician who will square his therapeutic methods by these axioms (and those others I have so often published) will reach the maximum of clinical success—as I believe.

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ENDOCARDITIS.

Dr. F. C. Crawford (*Cleveland Medical and Surgical Reporter*) has the following excellent article upon the above subject:

"Inflammation of the lining membrane of the heart occurs in two forms: Acute — characterized by the presence of a vegetation, with loss of continuity, or of substance in the valve tissue; chronic — a slow sclerotic change resulting in thickening, puckering and deformity. It is one of the most common affections of the heart, and one which is productive of serious consequences. Usually limited to the valves of the heart, it occasionally involves more or less of the cardiac cavities. After birth it is almost exclusively inclined to the left side of the organ and in a majority of cases it commences in, and rarely extends beyond the aortic and mitral valves in their orifices. It is those portions of the valves which come into contact in the act of closure, and are thus most exposed to friction, which are especially involved and in which the changes usually occur.

"**Etiology.**— Endocarditis appears especially in acute rheumatism, also in pyemia, puerperal fever, gonorrheal rheumatism, scarletina and typhoid fever. It is also met with in diseases associated with loss of flesh and progressive debility, cancer, diabetes and Bright's disease. The papillary form is by far the most common. The ulcerative form may appear primarily, but, as a rule, supervenes upon the papillary or chronic form. The relation of endocarditis to above diseases and the course of the ulcerative forms, suggests an infectious origin.

The structure of the endocardium is the chief constituent of the valves of the heart, consequently no serious inflammation of the membrane can exist without changing in some way the structure of the valves. This membrane is similar too, though not strictly a serous membrane, and its diseases are quite similar to those of the serous membranes. We first get hyperemia, swelling, redness and other symptoms of inflammation. We get here, too, a deposit, consisting of albumen, and other blood constituents as we get in pericarditis, but owing to the constant motion of the blood and the valves this deposit is picked up and changed in shape; instead of lying in ridges as in the pericardium, they assume the form of warty excresences and are attached to the valves or some other portion of the auricle or ventricle the free end presenting a branched appearance and being perhaps quite long. These excresences sometimes become detached, forming an embolus, and passing through the arteries may become lodged in some distant organ or extremity. The inflammation, unless checked will involve the sub-serous and fibrous portion of the valve, resulting in thickening and deformity, or the valve may be perforated by ulcerative processes, so

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that for all future time they will fail to perform their functions properly. If the disease is of short duration some little change in the structure may become corrected and the valve restored to its former usefulness. The deposit upon the surface may be absorbed to a certain extent, just as it is upon the surface of the pleura and a comparative cure performed in that way, but if the condition has existed for many days even, the prospect in regard to recovery is not favorable.

Symptoms.—The majority of cases of simple endocarditis are latent and there is no indication of cardiac trouble; it is frequently found post-mortem in persons in whom it was not suspected during life. There are certain features, however, by which its presence is indicated with a degree of probability. The patient as a rule does not complain of any pain, or cardiac distress. In a case of acute rheumatism, for example, the symptoms to excite suspicion would be increased rapidity of the heart's action, perhaps slight irregularity, and an increase of the fever, without aggravation of the joint trouble. Palpitation may be a marked feature and is a symptom upon which some authors lay great stress. The subjective symptoms of simple acute endocarditis are more obscure than those of any other cardiac disease. The urgency of the symptoms of the disease in which it occurs often masks the few symptoms which attend its development, but when it is extensive and muscular tissue is involved, palpitation and sense of discomfort in praecordial regions are present and there may be dyspnœa. At first the pulse is strong and frequent, later it becomes rapid, small and irregular. As the disease progresses the propelling power of the heart is diminished, the pulse becomes feeble and sometimes dicrotic. The respirations are accelerated and sometimes labored. There may be paroxysmal dyspnœa; the face may be flushed or may be dusky, pallid or even cyanotic. Auscultation reveals a murmur or murmurs over the various cardiac orifices. The fact that valvular disease may have pre-existed makes it important to carefully examine the heart at the first visit to one suffering with acute rheumatism, chorea, Bright's disease, etc.

The most important and constant sign of endocarditis is the systolic murmur, heard with greatest intensity at the apex—this soft blowing or bellows murmur may be ventricular or valvular. In all cases it is due to roughening or thickening of the endocardium. It is developed early, and when one is on the lookout for endocarditis this will usually be the first evidence of it, although in some instances no murmur is at any time present. Many of these cases become sub-acute or chronic, or the inflammation subsides altogether, and there remains the valvular deformity. Persons so afflicted will ordinarily have a cough upon rising in the morning, with some expectoration. They frequently have head-

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ache with dizziness, coldness of extremities and dyspnœa which interferes with severe exercise; they faint readily and always complain of palpitation. You will find many of these cases which have never been diagnosed properly. If you find a rapid, irregular, intermittent pulse, or much dyspnœa, examine the heart and lungs thoroughly; if you fail to find what you expect, have patient take some exercise, as this may develop the murmur. In chronic cases constant changes are occurring in the heart. First, there is hypertrophy, general enlargement of the heart, which is greatest in the part having to do the most work. It would be greater on the left side in mitral disease, and on the right side in tricuspid disease. The muscles of the heart attempt to do more work than before, which increases their nutrition, and they become thickened. It is common to find the wall of the left ventricle five or six times as thick as the right, when it should be only twice as thick. The inevitable secondary result is atrophy of this wall, it becomes thin and weak, and its cavity enlarged, being sometimes capable of holding twice as much blood as normally. The circulation easily disturbed; extremities are cold, and the patient frequently subject to congestion of different viscera.

Diagnosis. — Simple endocarditis may be mistaken for pericarditis. A pericardial sound, however, is distinctly a friction, creaking or rubbing sound and is intensified by having patient bend forward, or by increasing the pressure of the stethoscope or examining ear against the chest, while that of endocarditis is soft and blowing. Functional cardiac disturbances occurring during the course of acute febrile disorders sometimes give rise to diagnostic errors. In these, however, murmurs, if present, are most marked at the base of the heart. It is difficult to determine whether a murmur is of old or recent origin. If during an attack of rheumatism a murmur is developed under daily examination, it would indicate acute endocarditis. If a murmur exists at the first examination, systolic, soft and blowing and unaccompanied by cardiac hypertrophy, there is reason to believe that it is due to an acute endocarditis, but should it be rough, diastolic and unaccompanied by cardiac hypertrophy, it is probably not due to acute endocarditis.

In many cases of acute ulcerative endocarditis, the diagnosis is very difficult, in others with marked embolic symptoms it is easy and readily distinguished from simple endocarditis. The constitutional symptoms are of graver type. The fever is higher, rigors are common, and septic and typhoid symptoms develop. Probably the majority of the cases of ulcerative endocarditis are mistaken for typhoid fever. Points which would help us to differentiate these cases are, the more abrupt onset in endocarditis, the irregularity of the pyrexia in the early stages,

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and the cardiac pain; oppression and shortness of breath may be present and rigors are not uncommon. The ulcerative cases usually terminate fatally.

Prognosis.—The prognosis of simple endocarditis as regards life is, as a rule, favorable. In the majority of cases permanent lesions of the valves or orifices remain. Some cases that begin as simple exudative endocarditis subsequently become of a malignant ulcerative type. The fatal issue in endocarditis is generally due to embolism of different viscera. The prognosis in chronic cases is not as unfavorable as generally supposed and with proper care a patient may live many years. The lungs are the organs most often involved. Probably a majority of these cases terminate in diseases of the lungs. In all these cases you should examine the posterior and inferior portions of the lungs for any filling up of these parts. A sub-acute pneumonia, or possibly œdema, may be found there. It is liable to affect the kidneys very early, and they, only partially or poorly performing their functions, we eventually get a general ana-sarca.

Treatment.—Every means of resting the heart should be persistently employed, and even after the patient has apparently recovered, protection of the chest against changes of temperature should be secured by application of a light layer of cotton, wool or flannel. The diet should be simple and nutritious; an excess of liquid should be avoided in order to lessen intra-cardiac pressure. Warm baths should be given from one to three times in twenty-four hours. When pain is severe, hot applications should be made to the praecordial region. Endocarditis, when a complication of acute articular rheumatism, does not often require special treatment, as those remedies and general measures which best control the rheumatism will prove most efficient.

Colchicine on account of its action on the articular inflammation and its influence in the prevention of cardiac complications is highly extolled by many of our school and is worthy of consideration.

Aconite.—High temperature, anxiety, great swelling of the joints with acute pain, restlessness and pulmonary congestion.

Veratrum Viride.—The action of the heart is much more violent than under aconite; heart beats loud and strong with great arterial excitement; constant dull burning in region of the heart; active congestion of the chest.

Spigelia.—Violent palpitation with anxious oppression of the chest; feeling in the region of the apices as though a dull pointed knife was slowly driven through it. Pulse weak and irregular.

Bryonia.— Is often indicated in connection with attacks of rheumatism;

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joints red, stiff and swollen, with stitching pains from slightest motion or touch. Pulse full, hard and rapid.

Cactus. — Sensation of constriction about the heart. Very acute pains and stitches in the heart; feeble, irregular pulse; palpitation; inability to lie with the head low.

Colchicum. — Endocarditis following acute rheumatism; tearing pain in the cardiac region, pulse small, rapid and trembling.

Rhus Tox. — Is called for in cases associated with acute rheumatism when the well-known rhus symptoms are present.

Belladonna. — Is sometimes indicated, especially in the rheumatic endocarditis of children.

After subsidence of the acute symptoms, administration of medicines having an absorbent and resolvent action, such as sulphur, iodine, spongia, and iodide of potassium tend to lessen the extent of the inevitable damage to the orifices and valves. In chronic cases with dilatation and threatened failure of circulation, alcohol should be given in moderate quantities, along with such remedies as arsenic, the indications for which are dyspnœa, weak and irregular pulse, with diminution of arterial tension, anxiety, mental agitation, anasarca, albuminuria; strophan — irregularity of heart's action, præcordial pains, palpitation, dyspnœa, valvular disease with regurgitation, œdema, general anasarca; apocynum — urine scanty, œdema, general anasarca, with great thirst; apis — œdema, retention or suppression of urine; kalmia — excessive action of the heart, rheumatic pains in the region of the heart, pulse irregular, quick and weak, hypertrophy; cratægus — præcordial oppression, rapid and feeble heart's action, valvular insufficiency, cardiac hypertrophy.

WHAT HOMEOPATHY HAS DONE.

It seems almost incredible even to one who professes to be an adherent to the Homeopathic Law, that remedies, infinitesimal in dosage, can and do produce such wonderful and almost instantaneous results. But facts are stubborn things, and none are so blind as they who will not see.

A bright little girl, æt. nine years, was taken suddenly ill one summer evening. The case was diagnosed as acute meningitis. Fever rose rapidly to 105° F.; headache, which rapidly increased in severity; vomiting; constipation; small, weak pulse; delirium. Matters kept growing worse despite all I could do. When I saw her on the evening of the 5th day she was unconscious, fever 104.2° F., pupils dilated and unequal; twitching of facial muscles; difficult respiration, and bathed in cold sweat. While studying the case I thought, "Can there be a sup-

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pressed eruption? Is there anything in Hahnemann's old-fogy theory after all? The child is going to die anyhow, so I may as well play my last card." Accordingly I put 15 drops of sulphur 30 dil. in half a glass of water, and gave a teaspoonful every fifteen minutes. After the third dose she began to breathe easier, and when I left her at the end of two hours she was in a peaceful slumber. Next morning on my arrival I found a beautiful eruption all over the face; temperature, 99.4° F.; patient bright and wanting something to eat. She made an extremely rapid recovery. No other remedy was administered afterwards.

A stranger walked into my office eight years ago, asking me to prescribe for a suppuration of the lymphatic glands of the neck. The glands were terribly swollen, some had broken down, and at several places were discharging a bland yellow fluid. Being anxious to attend a hurried call, I gave him some powders of calc. carb. 30, and told him to call again next day. That was the last I heard of the case until this summer, when he returned. Astonishment scarcely expressed my emotions when he told me he had not taken all the powders as the neck rapidly healed up, and nothing but two small scars remained as evidence of his former disease.

I had been prescribing faithfully for an obstinate diarrhea, but without avail. One morning the patient told me that the affection was so annoying, as it always hurried her out of bed in the morning. One dose of sulphur 1,000 and plenty of sac. lac. so constipated her that I had to order an enema. Nine years have gone by and there has been no recurrence of the attack. No doubt there are those who will smile at this, but the lady is still living to verify my statement.

A man had been treated for three months for "lumber abscess." Every day during that time a poultice was kept good and warm over the seat of the affection. He finally discharged the Old School physician and called me in. It was on a Sunday. The room was filled with sympathizing friends and relatives. I found a weak, consumptive-looking individual, propped up in bed, and scarcely able to breathe. There was considerable bulging over the left kidney. His body was bathed in cold sweat. Urine was scanty and highly colored. Temperature 101° F. Œdema of feet and ankles. After I had examined him he asked me what was the matter with him and insisted upon knowing. I told him frankly I did not know, but could tell him within twenty-four hours. I wish I had had a kodak at that moment to photograph the ironical (?) smile of my audience. I walked over to the table; found a solution of morphia and a hypodermic syringe. Ipoured the solution out of the window and closed up the syringe. My patient cried that he could not do without it, as he suffered so much

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pain especially toward night. I told him we would try to relieve him (another smile by the audience). I left him some powders of No. 10 pellets saturated with lycopodium 30 dil., telling him to take a powder every two hours, and directing him to save all urine passed until I came next day. Upon my arrival next day I found my patient lying down, flat, sleeping; also found a chamber half full of gravel, pus, urine; diagnosis, pyo-nephrosis. Patient made a rapid recovery and forgot even to thank me, but I thank him, for it was the means of tripling my income in less than six months.

A gentleman who had been the round of several specialists for an affection of the right eye went to a prominent eye hospital in Philadelphia, remained there six weeks, became discouraged and left, as his eye kept on getting worse. While visiting his parents here he called upon me to relieve him of the intense pain until he could consult another specialist. I could see no trouble except an extremely inflamed conjunctiva with excessive photophobia; but then I was no specialist, remember, and may have been mistaken. Gave him pellets saturated with aconite *O* and a wash of calendulated boracic acid. Result, eye cured in three days.

A lady who had been treated internally externally and eternally for six weeks by an old school physician for subacute cystitis came to me in desparation from the terrible burning and strangury. Gave her a dose of pellets of cantharis 2x dil. in the office and a prescription of the same to take along. After she had taken the dose in the office she said: "Doctor give me something to relieve me, these sugar pills will never do it; give me something strong." I told her to try them and report next day if no better. I did not hear from her for eight weeks, when she came in and handed me the medicine I had given her, saying she did not need it, as the one dose in the office had cured her. She got relief the first day before she got home.

And so I might continue, but time and space forbid. I have seen calc. carb. 30th put a man to sleep where morphia had failed to relieve in a case of renal calculi. I have seen another patient snatched from the jaws of death, from impending heart failure (after diphtheria), by a few doses of ammon. carb. 2x when strychnia had failed. I have seen a soldier home from Santiago, saturated with malaria and quinine, quit shaking within twenty-four hours after taking ipecac 200, notwithstanding he had six weeks of scientific(?) treatment in the camp hospital, New York, after his arrival home. Your humble servant has been promptly cured of toothache by Coffea 30x after antikamnia had failed.

But do not imagine my pathway is strewn with roses, for being of the *genus homo* I still have cravings for the alluring fleshpots of Egypt; but

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after "all others fail" I consult the "old reliable" *Similia Similibus Curantur*, and success usually crowns my effort.—*The Homeopathic Recorder.*

[There is something refreshing in the above which appeals to true homeopathic physicians. If we only need to get hold of these personal experiences and words of encouragement to make us cling closely to our faith and follow the precepts of the Master. We want to thank Dr. Brown for his article.—EDITOR.]

DIAGNOSING BETWEEN GONORRHEAL ARTHRITIS AND ARTICULAR RHEUMATISM.

The following paper from the pen of Dr. M. E. Fitch, (*The Medical Times*) is worth reading. The suggestion concerning the treatment need not be followed as homeopathic treatment offers still better results than what he secured. The crowding of iron to its limit of toleration is not the best treatment. It is just as sensible to feed a patient to the point of bursting as to expect the system to use more iron than it readily absorbs and assimilates. Nature can be coaxed but she is a stubborn old Dame who cannot be driven:

To begin with, it is well to remember that rheumatic fever is almost invariably a multiple joint affection. The knee is the most frequent seat affected and next in order of frequency are the ankles, the elbows, the small joints of the fingers and toes, the joints of the spinal column, and lastly the hip-joint, which is very rarely affected. In rheumatic fever the joints are not permanently involved. The disease attacks a joint and remains in that joint for a day or two. All the symptoms then disappear from this part, and make their appearance in another joint. As this arthritis subsides resolution is complete, so that the joint which was red, swollen and tender, becomes in the course of time entirely well, leaving no traces of the disease. These facts stand in striking contrast to the gonorrheal type of infection. This is not as a rule a multiple joint infection, and if it does become multiple it is not so to any marked degree. The location which is first involved generally remains involved. The affection is very persistent. Although there may be an infection of other joints, the one primarily involved does not get well. When the symptoms do finally begin to subside they do so very slowly.

The temperature curve in the gonorrheal affection is very irregular and of a remittent type. The patient shows the signs of marked malnutrition. Rheumatic fever if left to itself runs its course in six to eight weeks, although a proper treatment shortens the attack to two or four

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weeks. Gonorrheal rheumatism, on the other hand, if not treated will become chronic and associated with a malnutrition of the joints, resulting frequently in ankyloses. The inflammation has a tendency to be destructive.

In spite of all these differential points we find that almost every day cases of gonorrheal arthritis are mistaken for chronic rheumatism. We should always inquire in cases of chronic rheumatism into the history of a urethral infection.

There are two periods in the course of rheumatic arthritis. The first is that of the joint affection itself. In some people we will find that the affection remains in one joint for some time before there is a change to a different joint. The nutrition of the joint by this long period of involvement becomes permanently impaired and may cause ankylosis. In this way not only the articular but also the periarticular strictures become involved and atrophy. The second period is that during which changes take place remote from the joint. There is some doubt among clinicians whether or not these changes bear an absolute relation to the rheumatism. The changes to which I refer are endocarditis and pericarditis, which are so frequently complications in rheumatism that it is considered by some authorities as a part of the disease and not as a complication. These changes are very rare in the so-called gonorrheal rheumatism but they may occur, especially the endocarditis. They cannot be used, therefore, as positive diagnostic points. There is but one fact upon which we can base an almost positive diagnosis, and even this, on account of the untruthfulness of some patients, is not absolute, that is a negative history of gonorrhea.

When gonorrhea becomes in a measure chronic, as in posterior urethritis, or gonorrhea of the uterus and fallopian tubes the person may have recurring attacks of arthritis. Such persons do not, therefore, give us a history of recurrence with any history of reinfection. Such recurrences are also very common in rheumatic fever and their occurrence must not, therefore, be taken as a positive diagnosis of rheumatic fever.

There is another state of affairs which frequently puzzles diagnosticians. The individual who has been subject to frequent attacks of rheumatic fever from childhood may contract gonorrhea and develop a gonorrheal arthritis. Such a case it is next to impossible to diagnose and all we can do is to let it determine itself.

The cases which I have here are illustrative of the gonorrheal form of arthritis.

Case 1.—The first case is that of G. H. He is twenty-one years of age, a laborer, and is unmarried. He was admitted to the hospital on

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the 26th of November. Neither his family history nor his personal history bear upon his present trouble. On admission he had no appetite, his knee was swollen, and his bowels constipated. He was nauseated but could not vomit. Four or five days previous to admission he developed pain in the left shoulder. Four weeks previous he had an attack of gonorrhea and on the subsidence of the discharge the rheumatism set in. The right ankle and both knees are mainly affected, although he complains of some slight pain in the left shoulder. He is unable on account of the extreme stiffness and pain to move his joints. His temperature is not significant but there are evidences of general constitutional disturbances. The left knee is getting well but the right ankle is still greatly swollen and there is a very extensive periarticular effusion. It is extremely painful to the touch and the patient cannot use it. The arthitis is of four weeks' duration and still the symptoms are those of an acute attack.

On admission we put this case on strychnine, milk, and the soft diet of the hospital. Subsequently he was given the extra hospital diet. To regulate his bowels we gave calomel and to induce sleep sulphonal was given. Digitalis was also prescribed. This treatment was subsequently stopped and sodium salicylate given in doses of twenty grains four times daily. Unguentum gaultheriæ was applied to the affected joints. Indications showed that the digitalis, which had been stopped, had been of some use and it was subsequently renewed. Besides this we gave bichloride of mercury. The constitutional condition of the patient is much improved. The pulse is good and the precordial pains of which he complained and which came on at the same time as the pain in the left shoulder, has disappeared. There are no evidences of pericarditis. The tongue at the present time shows a marginal inflammation, the corrosive sublimate should therefore be withdrawn. Since the patient is anemic we shall stop all the medicine he is now taking and give him the syrup of the iodide of iron, thirty minims in water ——— times daily and increase this dose every day by one drop. If he bears this well we will gradually increase the dose two drops each day until the point of tolerance is reached. This is a drug which is very useful in gonorrheal arthritis.

Case II.—This is a similar case. U. D., forty-eight years old, a driver, was admitted to the hospital six weeks ago. Prior to his admission he had an attack of gonorrhea. Shortly after this he sustained an injury to the right foot. Arthritis subsequently developed here and the swelling which set in still persists. In spite of frequent doses of sodium salicylate and bichloride of mercury he does not seem to get well,

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although he is somewhat better than on admission. I shall stop the present treatment and give him what I prescribed for the first case.

Case III.—This case is one of arthritis in a woman, the nature of which is still in question. A differential diagnosis in a case of this kind is of some difficulty and much interest. It is a case of a Russian woman, a multipara, who eight days after exposure to cold developed symptoms of arthritis in the knee and ankle, which became red, swollen, and very tender. At the present time this swelling has gone down, the redness almost disappeared, and the tenderness is very slight. These indications are against a diagnosis of gonorrheal arthritis. As the primary locations have improved other joints have become infected. Here you see the elbow is swollen, red, hot, and seems to be painful. The wrist is similarly affected. It was found upon examination of the vagina that there was a suspicious discharge in which we demonstrated the gonococcus. Thus the clinical symptoms and the microscopic findings point in opposite directions. The indications are in favor of gonorrheal arthritis but this is by no means positive. Icthyol is being applied to the joints and we shall again give sodium salicylate, which had been given previously but abandoned. We shall see if there is any improvement under this treatment. If there is none the provisionary diagnosis will be confirmed.

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Materia Medica and Therapeutic Hints.

Ignatia.—Ignatia is a splendid remedy in dry coughs during the day as well as at night, with a feeling as if something were in the larynx and must be gotten up. The cough of ignatia is worse towards evening and accompanied with a feeling of tightness in the throat.

Creosotum.—This remedy is effectual in conjunctivitis, especially when of the right eye, discharge of hot, smarting tears, the eyes appear sunken, and surrounded by dark rings. In children whose gums bleed easily and the teeth begin to decay almost simultaneously with the eruption of them.

Nux Moschata in Coughs.—Nux moschata is the remedy when the patient gets worse after getting warm in bed; cough is dry with shortness of breath; arising from standing in water or from getting wet and thus taking cold; especially when one becomes hoarse easily when walking against the wind.

Silicea in Rickets.—This remedy is one of the most useful remedies in this affection. The child is scrawny, emaciated, like iodine patients, but the abdomen is large like the calcarea carbonica patients. The sweating of the head, the open fontanelles and the large head will make one think of the lime, but its earthy complexion will lead one right.

Sulphur in Coughs.—Our old friend sulphur often comes to the fore as a curative remedy in coughs which are dry, caused by a tickling in throat, only during night, preventing the patient from sleeping. Sometimes the cough, if dry at night, is attended during the day by yellowish expectoration. Our old preceptor used to keep the cork in his sulphur bottle dark from frequent use and he was a successful physician.

Silicea After Vaccination.— Hering says: The best remedy, confirmed by hundreds of cases, against bad consequences of vaccination is silicea. It is serviceable for eruptions, swelled glands under the arms or boils on the head; for very red, inflamed and suppurating swelling of the arm, extending sometimes to the shoulder joint, which brings the child in great danger; also for long-lasting complaints as hectic fever, with cough, night-sweats, tetters in different places, red pimples in the face, and particularly the neck.

Antidote for Arsenic.—The following is a simple method of preparing hydrated oxide of iron, the antidote for arsenic, one of its chief advantages being that the ingredients are always easily obtained:—Take muriate tincture iron four ounces, and in a vessel of twelve ounces

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capacity mix with one drachm ammonia water; shake well, pour on a large wet muslin drainer, wring out the water and alcohol and wash with fresh water. The stomach having been evacuated by emetics while the antidote is being prepared, give four fluid ounces at once, to be followed by an emetic; then give two ounces every ten minutes.

Bryonia in Suppressed Menstruation.—This remedy is not very frequently thought of in this condition, and yet it is one of our best remedies in these cases, and particularly if the patient be a young single woman. When suppression is followed by a sense of dizziness, with heaviness and pressure towards the forehead, worse from stooping and motion; chest pains, bleeding at the nose, a dry cough, pain in stomach after eating, pains in lumbar region, and constipation make the picture complete.

Belladonna in Rheumatism.—Belladonna should be thought of in rheumatism when pains are shooting, burning, worse at night and on movement; joints are shining red, severely swollen; the fever is high but the skin is moist. Often, no doubt, mercurius has been given when belladonna is the remedy for the symptoms or quite similar. The aggravation of mercurius comes on at night but worse towards morning, but the swelling is puffy and the pains seem to be seated in the bones. Commit this to memory and you will not get mixed in your next case.

Nux Vomica in Hemorrhoids.—Nux vomica has disappointed more physicians, or it has disappointed the writer more, than any other remedy in disorders of the rectum. When its indications are clearly marked it works like a charm, and it is this quick response, when indicated, which has led to its abuse. The symptoms indicating the case is one for nux vomica are: Itching accompanied with a burning, prickling pain in the tumors; bleeding after each evacuation, and especially when one finds an almost constant desire for stool. In other words, "fullness in the rectum." If nux is apparently indicated and fails to give relief, I generaliy follow it with Ignatia.

Vaccination and Smallpox.—By Dr. S. H. Durgin.—According to the author, we are having too many cases among those who are supposed to be sufficiently vaccinated. He believes that absolute immunity to smallpox should be secured by vaccinating a child when very young, and repeating the operation until it will no longer take effect. At the age of ten or twelve years, the process should be repeated. As a matter of interest, he mentions that humanized lymph has been used in the Republic of Mexico for ninety-seven years. The children from whom the lymph is taken are well selected, the lymph is well cared for,

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and furnished free of expense. There is no revaccination and no small-pox among the vaccinated.—*Amer. Medicine.*

Treatment of Chronic Urticaria, or Hives.—The *Medical Summary* states that sodium salicylate and atropine sulphate, which are recommended by Unna as the most reliable remedies in chronic urticaria, often fail to produce the desired effect. Ichthyol, on the other hand, brings relief and cure. It should be given in from 1 to 2 gr. doses to children, and from 5 to 6 gr. doses to adults. At the same time an ointment should be applied to the affected parts, or even all over the body. The strength of the ointment should be about 2 dr. of ichthyol to an ounce of petrolatum in children and ½ oz. to 1 oz. of petrolatum for adults.—*Merck's Archives.*

Prunella Vulgaris—Heal All.—The dose of specific prunella is from five drops to one drachm in water every two to four hours. It is astringent in its action, and has a wide reputation among those of the laity who use herbs to any extent. Prunella is recommended in diarrheal and intestinal troubles generally. It is a remedy for hemorrhoids, though in our opinion there are others that are more active. In hemorrhage from the bowels heal all has a mild astringent effect. It may be used in any disease in which astringent action is indicated. The infusion of heal all is of marked benefit when used as a gargle in throat and mouth affections, especially when of the aphthous variety.—*Eclectic Medical Journal.*

Colchicine in Acute Rheumatism.—Goodno says in his Practice of Medicine: Some eight years ago I began the use of colchicine for typical acute articular rheumatism, with the result of discovering that it is as near a specific for rheumatism as quinine is for malarial intermittent fever. A sufficiently large number of cases have now been treated by me and a number of colleagues to thoroughly demonstrate its value. A solution of the strength of one grain of Perck's colchicine to one ounce of water alcohol is a very satisfactory strength for dispensing purposes. Like many other medicines, colchicine gives the most satisfactory result when given almost to the point of producing its physiological action, the indication of which is the development of some disturbance of the gastro-intestinal tract (nausea, colic, loose movements).

The Act of Dying.—The popular idea that the act of dying is painful often causes fear of death. But death from even the most painful disease is usually preceded by a period of cessation from suffering and partial or complete insensibility, resembling falling asleep, or the pleasant gradual unconsciousness caused by an anesthetic. The common phrase, "death agony," is not warranted by what occurs in natural

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death. When death is due to heart failure or syncope, it is sudden and painless, perhaps pleasant. Death by decapitation or electricity is only a momentary shock, hardly felt. Death by poisoning varies in painfulness according to the poison employed. Arsenic, strychnine, carbolic and mineral acids, corrosive sublimate, tartar emetic, and other metallic poisons, inflict slow and torturing death.—*Philadelphia Medical Journal.*

Alcoholism and Tuberculosis.—At present, and until investigations have more clearly elucidated matters, we must rest content with the knowledge already gained — that alcohol exerts little or no beneficial influence on the course of tuberculosis, but that on the contrary it tends to predispose to the malady those who consume it to any extent. Indirectly, of course, the fact is undeniable that alcohol is a prominent cause of tuberculosis, by lowering the vitality of its subjects, by inducing poverty and necessitating life in unhealthy surroundings, by causing degeneration of the individual and offspring, and by these means rendering the race more susceptible and prone to infection. Suppression of alcoholism should go hand in hand with that of tuberculosis.—*Medical Record.*

Arsenic.—Dr. F. C. Simpson, in the *American Therapist* for September, summarizes the uses and abuses of arsenic, and states that he has frequently obtained very good results from its use in tuberculosis, and especially in those cases in which there were excessive expectoration and slow degenerative processes. Its good effect is shown by rapid improvement of the general condition, there being a lessened pulmonary secretion, a general improvement in the appetite and increase in the body-weight. It is contraindicated in phthisis when the cough is hoarse and paroxysmal, with but scanty secretion and tendency to hemorrhage. He usually employs the *liquor potassii arsenitis*, and while recognizing its value warns us that it is capable when administered too long in large doses of causing pigmentation of the skin, irritation of the stomach and bronchi, and more serious still, peripheral neuritis.—*The Cleveland Journal of Medicine.*

A Case of Artificial Impregnation.—Dr. Elliott Gardner (*Medical World,*) records the case of a woman upon whom he had operated successfully some five or six months previously for laceration of the perinæum, and of the cervix uteri, with erosions, metritis, and posterior displacement consequent upon her confinement, who worried because she did not again become pregnant, her first child having died shortly after birth. Dilatation of the internal os, coupled with all ordinary treatment and regimen, failing, Dr. Gardner finally injected with a syringe into the os uteri some of the semen ejaculated by the husband, two days after the cessation of menstruation on May 24, 1899. On

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February 22, 1900, the patient gave birth to a fine boy weighing nine pounds and a half. The labor was easy. Both mother and child did well.

Arsenicum.—There is, perhaps, no remedy in the materia medica more frequently called for to relieve the evils incident to gestation than arsenicum. And when we consider that any of the changes in the various organs and their functions—as for instance in the heart and the blood—that pertain to a normal pregnancy, accurately correspond to the effects poisonous doses of arsenic, it is no wonder that it proves a most potent remedy for the relief of those conditions when they become augmented to an abnormal degree called disease, or when there is developed in the system thus affected by pregnancy an actual disease that its similimum is most frequently found in arsenicum. We have for symptoms calling for arsenicum in this disease general edema; waxy, puffy look to the face; chilliness; extremities cold and clammy; albuminuria; urine dark and scanty; diarrhea; vomiting; great thirst; respiration short, difficult and anxious; great prostration; trembling of the hand, neuralgic pains in the chest, head and extremities; each spasm followed by great exhaustion; restlessness.—*H. E. Spaulding, M. D.*

Hydrastis Canadensis: Aggravations and Ameliorations.—The local pains of the remedy are made worse by motion, in a warm room, while the feeling of weakness and general distress are relieved by walking about in open air, and especially in cool air. The local symptoms, which are aggravated by sitting, resting, and by thinking of them, are relieved by the fresh air. Some of the symptoms are relieved by motion, others by pressure, and still others by having the mind occupied. Most of the symptoms appearing in the morning disappear in the afternoon and do not recur until the next morning. Many of the symptoms disappear after dinner, and all are better after tea, except those which appear then for the first time. The symptoms of the nose, throat, and chest are worse in the morning, from seven to nine o'clock. A large number of the symptoms in the abdomen come on during the latter part of the night and continue throughout the day, but the pains in the region of the liver are worse between eight o'clock, a. m., and two in the afternoon. The pains in the head seem to press outwards. The pains on the right side predominate; are felt first on the right and then on the left side; descend from the right and ascend from the left. The symptoms prevail most in the morning.—Transactions of the American Institute of Homeopathy, 1868.

Atinotherapy, Gottheil. — In a preliminary communication upon the use of concentrated light in the treatment of dermal affections, W. S. Gottheil briefly reviews the work done by Finsen, Kime and others in

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this field, and describes the arc light that he employs for the purpose. This is at present the only available source for the actinic rays of sufficient volume and intensity for therapeutic employment. Sunlight is of course the best, and is costless; but it is too uncertain for satisfactory use. No combination of incandescent bulbs, run on the ordinary continuous or alternating commercial current, is sufficiently actinic, and the apparatuses arranged with them practically give us heat and not light baths. The author employs an apparatus called the Actinolyte, made by Kliegl Bros., of New York, which can be adapted to either the continuous or alternating current, uses from 25 to 55 amperes and gives a concentrated circle of light of from 20,000 to 30,000 candle power. He is not prepared as yet to publish his results; but the progress of cases of lupoid and syphilitic ulceration has been most encouraging. The cosmetic results of this non-operative and painless method of treatment are especially good: a point of the greatest importance, of course, when the face is involved.—*The Medical News*, July 6th, 1901.

Remedies for Ascites.—For renal dropsy I give elatarium, one-sixth of a grain, two or three times a day, and many cases have not only been relieved, but permanently cured, even when renal products were found in the urine. It is necessary to give this remedy until the discharges from the bowels are frequent and become watery.

For ascites from the liver, if only from physiological interruption, five full doses of mercury. If from cirrhotic liver, the practice of anastomosing the portal and systemic circulations by opening the abdomen, scarifying the peritoneum and stitching the omentum to the parietal peritoneum has met with reasonable success; such adhesion establishing a new route between the portal and systemic circulations. "It does not cure cirrhosis, but it relieves the obstructed circulation, and delays the alteration of the hepatic cells. It induces a compensation for the ascites by creating better hydraulic conditions, by improving the perihepatitis and chronic peritonitis, and the tonicity of the blood vessels. It increases the amount of urination from 200 to 800 c. c. up to two liters a day. It increases the amount of urea excreted, and diminishes the uryrithrin. It also improves the general condition, as the patient increases in weight and fat. The process is not equally successful in all cases, however.—H. F. Biggar, M. D., in *Med. Century*.

Infallible Remedies for Smallpox.—The great majority of allopathic physicians do not claim to be able to do anything for smallpox, except perhaps to mitigate the severity of the symptoms. Homeopathic physicians ought to do better than that—some do and some do not. The disease is so contagious, and so malignant that all methods of treatment at times seem to fail. And yet we find that there are certain remedies

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which if used discreetly will almost certainly cure the disease. Dr. Bishop, of Los Angeles, Cal., tells of the great curative power of variolinum, and cites numerous cases to prove his contention. On the other hand, Dr. Middleton, of Philadelphia, Pa., also a homeopathic physician, advises the use of carbolic acid, ten drops in half a glass of water, a teaspoonful given at intervals of two hours. He is emphatic that this will cure. Again a distinguished health officer assures us that vaccination is the only protection; that it is absolute and nothing further need be done.

And yet once more the sisters of St. Joseph's Female Orphan Asylum, also in Philadelphia, admit that they possess a wonderful never-failing cure for smallpox which, to their credit, they distribute gratuitously. It is as follows: Sulphate of zinc one grain, solid ext. digitalis one grain, one-half teaspoonful sugar; mix with two tablespoonfuls of water, then add four ounces of water; teaspoonful every hour. All of which shows not only that you may be cured in several ways of smallpox, but that there are probably several more ways that may aid you, if you wait.—*North American Journal of Homeopathy.*

Tedious Labors.—In these times one probably would be laughed at for thinking of the following remedies in protracted labors, but they did lots of good in the olden times, and their exhibition saved many a poor woman's life. They are copied from Hering:

Coffea will generally prove serviceable when the pains are ineffectual and extremely violent, following each other in quick succession, and attended by great agitation, restlessness and tossing about.

Aconitum, when the above remedy is insufficient, or when the patient has been in the habit of drinking coffee as a beverage.

Chamomilla, after the above, if required, especially if there is great mental excitement; excessive sensibility to pain; anguish and discouragement.

Belladonna will be of great value in tedious cases of labor arising from a rigid or unyielding state of the parts, which is most liable to occur in the first labor of elderly women; and especially so when this rigidity appears to be owing to spasms in the neck of the uterus. This remedy is also useful when the labor pains become feeble or cease entirely, after having been extremely violent for hours.

Pulsatilia when the pains are feeble, and occur at long intervals, or when they diminish in strength and frequency as if from insufficient contractile power in the uterus; when the labor pains are attended by spasms of the stomach and vomiting, or with acute pains in the back or loins, and painful drawing sensations in the thighs.

Opium should be given if the pains cease suddenly, and congestion of blood to the head, with redness of face, stupor and snoring take place.

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Ascites.—For renal dropsy I give elaterium, one-sixth of a grain, two or three times a day, and many cases have not only been relieved, but permanently cured, even when renal products were found in the urine. It is necessary to give this remedy until the discharges from the bowels are frequent and become watery. For ascites from the liver, if only from physiological interruption, five full doses of mercury. If from a cirrhotic liver, the practice of anastomosing the portal and systemic circulations by opening the abdomen, scarifying the peritoneum and stitching the omentum to the parietal peritoneum has met with reasonable success; such adhesion establishing a new route between the portal and systemic circulations. "It does not cure cirrhosis, but it relieves the obstructed circulation, and delays the alteration of the hepatic cells. It induces a compensation for the ascites by creating better hydraulic conditions, by improving the perihepatitis and chronic peritonitis, and the tonicity of the blood vessels. It increases the amount of urination from 200 to 800 c. c. up to two liters a day. It increases the amount of urea excreted, and diminishes the urœrythrin. It also improves the general condition, as the patients increase in weight and fat. The process is not equally successful in all cases, however."—Dr. H. F. Biggar in *Medical Century*.

The Unrecognized Chancre. — In the *International Medical Magazine* for October William S. Gottheil calls attention to the frequent insignificance and fugacity of the syphilitic initial lesion, which leads to its non-recognition in quite a large proportion of cases. Ignorance of its occurrence, and not voluntary falsification, is the cause of the frequent absence of a sypilitic history in undoubtedly specific cases. The author calls attention to the following points of diagnosis:

1. The presence of a tumor as the original lesion. In its essence, and invariably at the beginning, the chancre is a small round cell accumulation in the skin or subcutaneous tissue. Ulceration may occur, and usually does, or even phagadaenism; but these are accidental, and epiphenomena, and almost invariably the specific induration is appreciable at the base of the lesion.

2. The tumor is indolent, painful, and recalcitrant to treatment.

3. A peculiar and characteristic "stony" induration of the nearest lymphatic glands accompanies it, different from the general adenopathy that occurs later as a consequence of the systemic infection. Other lesions, as gummata, do not show it.

4. Chancre runs its full course in a few weeks, whilst tuberculosis takes months, and carcinoma even years, for its development.

5. The well known signs of general luetic infection, osteocopic pain, cephalalgia, synovitis, general lymphadenitis, exanthem, etc., must be

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carefully and persistently searched for in every suspicious case. They may be so slight as to entirely escape careless examination.

Disposing of the Kidney Through Ligating the Ureter.—In abdominal and pelvic operations the ureter is often severed by mistake, or through necessity. This is especially the case in carcinoma of the uterus and other pelvic organs. Where possible, a plastic operation should be done, transplanting the end of the ureter into the bladder. Sometimes, however, such large sections of the ureter are removed with the tumor mass that transplantation is rendered impossible. The author reports such a case in which he ligated the end of the ureter, with a view of performing a nephrectomy later, viz., after the patient had gained strength and recovered from the shock of the operation. To his surprise, however, further interference was not indicated. For a short time after the operation the patient complained of headache, etc., and the quantity of urine was diminished. Shortly all of these symptoms disappeared, and the patient made an uneventful recovery. The other kidney carried on the function properly, and the excluded kidney ceased to functionate. Hydronephrosis did not occur; at any rate it was not evident. There are several such cases recorded in the literature, with the same satisfactory results. The author recommends this procedure only where transplantation is not possible and nephrectomy contra-indicated.—*Landau, Deutsche Medical Wochenschrift; St. Louis Med. Rev.*

Suggestions Without Hypnotism as a Therapeutic Agent.—"Suggestions without hypnosis, in my judgment, plays a very important role in the treatment of disease, and imports into our therapeutic discussions a very uncertain element," says Dr. Harold N. Moyer, in *Medicine*. "Medical literature is replete with observations in which the influence of the mind upon the body and the so-called vegetative functions is set forth in a way that does not admit of denial. The question whether this force can be harnessed, and so directed as to be of value in therapeutics, is one that is still unsettled. The more, however, that it is studied, the more its value becomes apparent, and he who mixes his drugs with a large percentage of suggestion will secure the greater success in their application. * * * Hypnosis, on the contrary, has many objectional features. It is by no means easily induced excepting in those individuals with very unstable nervous systems, and in these it is quite certain that the effects are harmful. It is exactly in this class of cases that suggestion, without hypnosis, can be more efficiently employed, so I believe there is little necessity for inducing an hypnotic state. I do not pretend to say that it should never be done, but I do

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not believe it should be undertaken in a routine way, and I believe that it should be practiced by medical men alone."—*N. Y. Medical Times.*

Quinine Rash, With Report of a Case.—H. C. Wood, Jr. (*Thera. Gazette*, January, 1902) reports the following: Cases of eruption brought about by quinine, while not by any means rarities, are still uncommon enough to warrant the report of a case which occurred in the service of Professor Riesman at the Polyclinic College of post-graduates.

Miss A. C., aged 35, occupation laundress, was brought to the clinic with the following history: She had taken two days previously, as a tonic, the following prescription: tinct. nux vomica, 1 ounce; tinct. cinchona comp., enough to make eight ounces; two teaspoonfuls three times a day. Within a short time after taking the first dose she experienced stinging sensations along the forearm. A short time after this these areas became red. When seen the eruption presented the following appearance: a number of spots equally distributed over the extensor and flexor surfaces of the forearm, regular in outline, almost perfectly circular, from 2 to 5 cm. in diameter, deep red in the center, shading slightly toward the periphery and surrounded by a slight macular rash. The temperature of the skin in the immediate neighborhood was distinctly elevated to the touch. There was at first, according to the patient's description, some induration around the spots, but this had mostly disappeared when the patient was seen. Some of the spots had already faded and were copper colored, in contrast to the bright red of those in active inflammation. There was slight itching. Temperature 99 4-5°; pulse 88; no marked constitutional disturbances, no involvement of the mucous membranes. A placebo was ordered, and four days later the patient was seen again. The spots had faded to a marked degree, some of them actively desquamating.

He remarks further that quinine eruptions may be conveniently divided into the following groups: The scarlatiniform, the urticarial, the bullous, the purpural, the rubeoloid and the erythematous. Outside of these groups there have been reported isolated cases which cannot be placed in any of these classes.—*Pediatrics.*

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THE MEDICAL VISITOR

WILSON A. SMITH, M. D., EDITOR.
GEORGE R. HENNIG, BUSINESS MANAGER.

MARCH 1st, 1902.

[The editor of THE MEDICAL VISITOR is not responsible for any opinion expressed by its contributors. Everyone has a cordial invitation to contribute upon any subject connected with medicine or allied sciences. We believe in a broad medical platform, and the only restriction is that contributors shall be free from all personalities]

Articles for publication, books for review, exchanges, etc., should be sent to the editor, Morgan Park, Illinois, and all business communications to the Business Manager, 95 Wabash Avenue, Chicago, or Lansing, Mich.

Editorial.

THE REAL DANGER.

There are two dangers confronting the homeopathic school of medicine at the present time. One danger lies in the apparent apathy of the members of the school because of the sense of security which they feel owing to the lack of the bitter opposition which a few years ago aroused us and kept us on the "firing-line" of self-preservation. The danger here is one which comes to every successful movement after it has fought its first great battle for recognition. When this is achieved the tendency is to lie down and rest and it is here the opposition, with bland-like words and "tricks that are vain" lull the unwary until when the attempt to free themselves they find they are bound hand and foot.

This danger has beome greater because of the coddling influence which the old school has thrown around many members of our school and seduced them by bland-like tears, and affecting association, to believe that the creation of examining boards were for the express purpose of protecting the profession from the ravages of the quack. It has been an alluring bait, many of us have bit at it and the result is staring us in the face that our school has no representation on these boards where the allopath has been in a large majority, or where they have succeeded in coddling the homeopath into inactivity, and under this single examining board which has been created by our apathy the average homeopathic medical student is fearful of undertaking the examination.

They (the students) remember the experience of the homeopathic student who tried the West Virginia board and failed after passing two other examining boards. Who blames them for this fear?

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This has been a means of preventing growth.

The real danger, however, lies not in these examining boards but in the extravagant claims, made by some of those who claim to be homeopathists, as to what they can do with the high potencies. In the little village where the editor of THE MEDICAL VISITOR resides lives a man who graduated at Dunham Medical College and who simply does not recognize the existence of any condition which cannot be cured by the highest potency.

A young lady who had been under the care of several physicians drifted, finally, into the hands of the — shall we say crank — dreamer, who promised a speedy cure. The case dragged along, as it had done before, and the patient finally was placed in a hospital, hemorrhoids removed, uterus curretted, and a physician, not a high potency prescriber, nor a homeopath, took the case. The patient is improving and bids fair to recover good health.

The great desire to accomplish what he set out to do, this desire being founded upon the very highest of motives, no doubt, the wish to really do good, led this physician to promise the impossible. It was the reign of hope over rationalism, it was substituting a belief for a fact, it was fiction, not actuality, which prompted the physician to claim what he hoped to do would be done.

The result, however, is far different from what the physician promised. The patient has lost patience with the homeopathic school; she received no greater benefit from the high potency so far as she can discover than she secured from the alteratives, tonics, etc., which she had been taking previously. But she has, worse than all else, become an avowed enemy of the school and marches to and fro decrying its practitioners, and its possibilities, and speaks, as she declares, from the bitter pedestal of experience.

This is not decrying the high potencies by a long ways, it is a criticism of some who apparently believe they can stop death at the eleventh hour, to cure the incurable, and who boldly make these claims, criticising their low potency brethren. Let the light of reason come in, make no promises unless absolutely sure of your position and there will be no criticism.

These false claims of the ability to accomplish the impossible does more real harm to homeopathy than anything else.

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THE ILLINOIS HOMEOPATHIC MEDICAL ASSOCIATION.

This flourishing state society will meet this year in Chicago on May 13th, 14th, and 15th at the usual place, the Masonic Temple. Several interesting points concerning this society are worthy of more than an extra effort to secure the largest attendance the medical profession has ever given to this association.

Among one of the interesting things will be a banquet tendered to the visiting physicians from the country, repeating the pleasant time of one year ago. At that time there will be the usual speeches, the viands, the renewing of former acquiantances, the building of an oasis in the journey of life.

The bureau of materia medica under the guidance of that loyal homeopath, Dr. A. L. Blackwood, will present the materia medica in a new light. It will be a study of color remedies and one that will be of the greatest interest to all the members of the school. This ought to bring out a full discussion for remedies will be given a new color, a deeper interest in their action aroused, and a more earnest study of the means to cure developed.

The meeting will be held on the seventeenth floor of the Masonic Temple where the altitude will conduce to coolness of body and clearness of mind; where the comfortable condition will stimulate better work. Get your papers ready for the bureau of which you are a member, or if not a member of some bureau, let your mind be clear concerning some subject which will be under discussion and come prepared to add your opinion and experience.

In these days, when the friendship of our friends, the enemy, is threatening the life of the school let us sing again the old song, "We'll rally around the flag" and be there. The editor hopes to grasp the hand of every reader of The Visitor from Illinois, and that would mean an attendance of five hundred alone. Can't we get together this year.

IN MEMORIAM.

The following tribute to the late Dr. Andrews is cheerfully given a place because when she laid down to rest we lost a friend:

"Dr. S. W. Andrews, for 20 years a practicing physician of Chicago, died suddenly of heart failure, Tuesday night, February 25th, at her home, 319 Bowen Ave. She was one of the most prominent lady physicians of the west, and it may be truly said she was one of the pioneers to enter the professional world, braving existing prejudice, and proving by her work and accomplishments, that women have a place of

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usefulness outside of the home. But while paving the way with precedent, and entering upon and continuing through life in a comparatively new field for women, she was ever domestic and refined in home life; and during her many pressing cares of professional duty, was devoted to church work, being a member of the Memorial Baptist Society of Chicago, and actively interested in its success.

"As a young girl, way back in the 40's, she attempted to study medicine with her brother, Dr. Jesse Wasson, then a young physician of La Porte, Indiana. She even made much headway in physiology and chemistry before her parents knew of her intention to eventually enter the profession. At that time, to stern quaker parents, the idea seemed almost insanity itself, and it was through their persistent opposition and the further discouragement of friends, that the subject, for a time, was given up. Years afterwards, however, when married and comfortably situated in Chicago, her active mind turned to the early strong and natural desire for the study of medicine. Although nearly 45 years of age, nothing seemed too great for her to undertake, and yet mindful of adverse criticism and opposition, which she had before met, and which she would continue to encounter, she proceeded to take a regular course and was graduated at Hahnemann College, in 1882, and soon after began practice in Chicago.

"Her success was marked from the start, bringing a clientage of the best people, and a comfortable competence in elder days.

"She was a member of the American Institute of Homeopathy, and was active in various homeopathic societies. About three years ago she went abroad to take a special course and spent nearly two years in Vienna, where she made a study of the German hospital practice. It was while on this trip that she was stricken with typhoid pneumonia, from the effects of which she never fully recovered.

"She was born in 1834 at La Porte, Indiana; was married in 1851 to George H. Andrews, a commission merchant of the Union Stock Yards. Five children were born, only one daughter surviving, Mrs. Ida S. Perry, of Chicago. The funeral took place Saturday, March 1st, conducted by Rev. Dr. Crandall, of Memorial Baptist church, and interment was at Kankakee, Ill., where she resided before moving to Chicago."

At the request of a number of those who have traveled in our former parties, we have consented to arrange for another one for the coming meeting of the American Institute of Homeopathy at Cleveland, commencing June 17th, 1902. We will secure your berths, arrange every

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detail, and have you snugly ensconsced in your place when we leave Chicago. The route will be over the Lake Shore & Michigan Southern, the best and superb road to Cleveland, leaving Chicago at 10:30 P. M. Monday, June 16th, 1902, and arriving at Cleveland Tuesday morning at 7:40 A. M. The fare will be one-and-a-third, about $13.00 for the round trip not including sleeper. Send your names and $2.00 and a berth will be reserved in the order which the names are forwarded. If you find you cannot go at the time, your two dollars will be refunded.

In a letter to the editor from his old college room-mate, Dr. S. R. Bebout, of Osceola, Iowa, the following information is gleaned in reference to smallpox: "Osceola, Iowa, had quite an epidemic of the small-pox; some eighty-five cases,— all in mild form; no deaths. Five adults who had not been vaccinated were the worse—these are all well, or recovering. *None who were vaccinated took the disease*, and some who were exposed and then vaccinated escaped an attack." We have italicised the important information to draw the attention of our readers to a well attested fact; to a condition as seen by an eye-witness. Just the honest recording of observed facts upsets all the theories. That vaccination will prevent small-pox is better established than Belladonna being a prophylaxis against scarletina, and yet the very ones who and are the loudest in shouting the praises of belladonna are raising the hue cry against vaccination.

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News Items and Personals.

Dr. J. D. Heinemann of Buffalo, died early in the winter.

Dr. Curtis, of Marietta, Ohio, is very seriously ill with pneumonia.

Dr. R. A. Race has moved from Rochester, N. Y., to Lafayette, Ind.

Dr. A. E. Cathron, Sharpsville, Pa., has recovered from his long sickness and is again at work.

Dr. J. M. Lee, Rochester, N. Y., is president of the Homeopathic Examining Board of that state.

Dr. C. L. Muhleman, Parkerburg, W. Va., was a la grippe sufferer the last week in February. Hope to hear good reports next time.

W. O. Forbes spent several weeks at Hot Springs, Ark. Drs. F. W. Wood and J. P. Kleinhaus took care of his patients during his absence.

Dr. Monroe Manges of Buffalo recently visited Wooster, O., his former home, and attended the funeral of his preceptor, the late Dr. John A. Gann.

As a result of bad water in Hammond, Ind., that city is in the toils of an epidemic of typhoid fever, over two hundred cases having been reported from that place.

Dr. John W. Ely, Washington, Pa., has made some remarkable cures in cases diagnosed as cancer. After a little further investigation he expects to present it to the medical profession.

Dr. E. C. Sweet, Chicago, has been appointed treasurer of the Illinois State Homeopathic Medical Association to fill the unexpired term of the late Dr. F. L. Downey.

Dr. Sarah A. Smith, one of the leading women physicians of Omaha, died last December. She had been associated with Dr. Hanchett and had built up a splendid practice in that city.

The *Philadelphia Medical Journal* is authority for the statement that not a single case of the disease has occurred among the staff of the London smallpox hospital, the result of careful revaccination.

Dr. Arba S. Green, Youngstown, Ohio, is slowly recovering from a very severe attack of smallpox. For a time his life was despaired of, but his good constitution enabled him to weather the storm. Glad to hear of his convalescence.

Dr. John B. Delbridge is becoming a genuine "greaser" in his attachment to New Mexico, where he has gone to recuperate. Some of these days we are all going to take a vacation and spend a couple of months with him.

The Boston doctor who did not believe in vaccination has gone through a severe attack of smallpox himself. It is reported that he still remains unconverted. "Convince a man against his will and he is of," etc.

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Dr. George S. Wells, Sistersville, W. Va., because of the poor health of his youngest child, is spending the month of March at Newport News, Virginia, where he hopes the salt breath of the sea will bring back good health.

Dr. Emily Shedd, Hahnemann, Chicago, 1901, who is located in Brenham, Texas, is laid up by a fractured clavicle. Dr. Shedd says Texas is a good place for homeo's and hopes to see more of them there.

Dr. Harvey Curtis, Marietta, O., was the victim of a serious attack of pneumonia during January, but reports from our correspondent, Mr. A. Edgar Frankland, were to the good effect that the doctor is rapidly recovering.

Dr. Freemeyer, Benton Harbor, Mich., wants to know if "THE VISITOR goes all over the world," because of the numerous inquiries he has had concerning the action of moschus in impotency which he reported. And he further adds: "No postals will be answered."

The Metropolitan Hospital, the largest homeopathic hospital in the world, situated on Blackwell's Island, New York, will open a department for the treatment of tuberculosis if the department of charities of the city of New York desires it, we hope it will be done.

Prof. George S. Baker, a food expert, declares that chemicals used in the adulteration of staples like flour and sugar are responsible for wholesale loss of life. The time should come soon when to adulterate food will be a crime incurring a heavy penalty.

Dr. Wilbur De Lyons Nichols, who is considered an authority on subjects pretaining to New York City's "400," emphatically denies that gambling and dissipation are increasing in those exclusive circles, as has been claimed by some of the "yellow" journals.

The printer set up the name of Dr. J. P. Dake with an "r" and made that name familiar to every homeopathist read Drake, and the two sons of that grand old pioneer, Jabez P. Dake, who are practicing in Hot Springs, Ark., will excuse us for permitting the error to escape in proof reading.

Dr. R. St. John Perry in the *Minneapolis Magazine* says that in this discussion of the various canals the medical profession should not lose sight of the fact that the urethral canal has been of great commercial value to it. What a sordid mind that man Perry must have!

During the year 1901 there were treated at the Massachusetts homeopathic hospital 2607 patients, which is the largest number ever treated in a single year before in that institution and yet they are still talking about science. People generally go where they get well.

Dr. J. M. L. Curry, a former Minister to Spain, has been appointed special envoy to represent the President on the occasion of the

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coming of age of King Alfonso XIII, who in May next will be sixteen. Of course it is to the Spanish government rather than to the boy that the courtesy is offered.

According to the Marine Hospital reports there were 19,000 cases of smallpox in this country the first of this month, as compared with 7,450 at the same period last year. In view of the experience of Dr. Bebout, of Osceola, Iowa, don't you think we had better vaccinate until all are protected?

A bold delegation of doctors from the Minneapolis Health Office recently invaded the Board of Trade of that city and successfully vaccinated all of the bulls and bears, and the brave physicians escaped before the dumbfounded and infuriated animals could realize the enormity of the deed that had just been perpetrated.

The twenty-sixth annual session of the Missouri Institute of Homeopathy will be held in St. Louis on April 28, 29, 30. Dr. Willis Young is the president and Dr. Lewis P. Crutcher is the general secretary. We understand Dr. E. H. Pratt is to deliver an address at the meeting on "Suggestive Therapeutics."

Dr. Christian Fenger, one of the leading surgeons of this city died at his home early this month from pneumonia. He was sick but a short time. We had a personal acquaintance with Dr. Fenger and knew him to be a broad-minded, liberal physician who made science his god and who saw the good in men rather than the bad. May he rest in peace.

A prominent member of the Minnesota Board of Health declares that everybody of discretionary years found afflicted with smallpox ought first to be cured and then sent to jail for 90 days. He claims that thorough demonstration has been given of the preventive value of vaccination and there is no excuse for smallpox in civilized countries.

At a recent convention of health boards, the paper currency of the country, after it is long in use, was denounced as one of the most prolific sources of disease, and industrious carriers of baccilli. The editors and correspondents of medical journals have no fear of contracting contagious diseases from the above mentioned source, as their currency is made of cuprum, with an occasional mild dose of argentum, about the size of a child's thumb-nail.

The Board of Trustees of the New York State Hospital for the cure of Incipient Tuberculosis recently met in Albany and approved of plans for the hospital buildings to be built at Raybrook, in the Adirondack region. The board has been in existence two years, and thus far the only work accomplished was the selection of a site for the proposed hospital. It is understood now that there will be no further delay, and that the trustees expect

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that the hospital building will be up and ready for occupancy by next fall.

The Sioux City Medical Society and the Sioux City Homeopathic Medical Society, together comprising about ninety physicians and surgeons, have perfected a third organization, embracing both societies, for the purpose of maintaining uniform and appropriate fees. Most of the doctors have been receiving $1.50 a visit, and it is proposed to raise the price to $2. Any physician giving "bargain prices" will be expelled from the societies. The physicians say that fees have not advanced for ten years, but that office rent and appurtenances cost much more than formerly.

A competitive examination for internes of the Rochester Homeopathic Hospital will be held in Rochester on the third Saturday of March, 1902. Candidates will please report at the hospital, 224 Alexander Street, at 10 a. m. The term of service will be sixteen months. There will be three vacancies, one each on June 15th, October 15th and February 15th. Address all correspondence to Herbert W. Hoyt, M. D., Secretary of staff of Rochester Homeopathic Hospital, Rochester, N. Y., 75 South Fitzhugh Street.

The sudden death of Dr. Alonzo Boothby will bring a keen sense of a deep loss upon all the members of the American Institute. Dr. Boothby was one of the polished gentlemen of the Institute, a kind, courteous, gentle, but firm friend. He was always ready to discuss a paper, his splendid education, magnificent mind and excellent command of language made him one of the most interesting disputants on the floor of the Institute. Dr. Boothby had been the leading surgeon of Boston for many years. We have not received full particulars of his death. He joined the American Institute in 1869.

The Clinical Course for Practitioners of Medicine being given by the Chicago Homeopathic College is enjoying a goodly attendance. This course is to be continuous and provides for a certificate of attendance. This is a step in a direction long needed by those physicians who desire to take post-graduate work but because of no place being opened to them were compelled to take their post work under allopathic teaching. The surgery and such branches are all right in any good school but one needs to watch the after treatment of cases to obtain the best results from the period of study. We are glad this opportunity is open to our friends.

The Easton (Pennsylvania) Sanitarium, under the charge of Dr. C. Spencer Kinney is one of the coming institutions. Its location, a short distance from the city on the banks of the historical Delaware river, five hundred feet above the sea, and amidst green clad hills and winding

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ways makes a most restful and invigorating place for the weary one as well as the convalescent. Dr. Kinney was first assistant at the Middletown Homeopathic Hospital for 23 years, and everyone knows what excellent work has been done there by Talcott and his assistant Dr. Kinney. If you have a patient needing the quiet of beauty, of good water, of good diet, we can recommend this institution.

Societies.

The Homeopathic Medical Society of Chicago.

The regular February meeting of this society was held in the club room of the Great Northern Hotel, on Thursday evening, Feb. 20. It was called to order by the vice president, Dr. Mary Elizabeth Hanks, in the absence of the president.

The reading of the minutes of the preceding meeting were approved and the application of Dr. Green as a member, was acted upon. The regular order was then taken up, and the first paper on Laboratory Methods—Place and Limitations.

By Dr. W. Henry Wilson.

(Digest.)

This paper possesses one good quality I know and that is brevity. My title is varied somewhat from that given in the program in that the paper treats of Laboratory Methods in Medicine and its Place. I do this because I wish to include in this paper nearly all the laboratory methods and this makes it necessary to speak of chemical and microscopical methods. I wish to give simply the essentials, the things which any one can do, and at the same time indicate the limitations to be placed upon such work.

I desire, first, to enumerate those products of the human body which are most commonly the subjects of laboratory investigation, and in connection with these to indicate its field of usefulness and aid in diagnosis and answer the queston as to how much confidence such methods may deserve. These general substances are given in the paper in about the order of frequency in which their analyses are called for.

1st.—Examination of the Urine. —The examination of the urine gives positive information in nearly all diseases of the urinary organs; it gives valuable suggestive information concerning several other organs, such as the heart and liver; it gives valuable and sometimes positive information when there are infections in other parts and particularly in typhoid fever; it gives some information in reference to the general state of the system in nearly all diseases.

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2d.—The Blood:— The blood is most frequently used, and an analysis made, in typhoid fever, where we have Widal's reaction; here its value is not equalled by any other test. It gives positive information concerning the status of nutrition, in other words, the excess of loss over gain, or *vice versa;* second, the presence of certain debilitating conditions or its absence; third, the presence or absence of infection, including malaria. The great value of blood analysis lies in the differentiation of diseases which are clinically similar. In the great majority of nervous diseases, when the physician can see that the case is one of two or three conditions, the blood analysis will clear up the case and at the same time often suggest the remedy.

3d.—The Sputum:—Examination of the sputum is the next. By this means we may determine the presence or absence of tuberculosis of the respiratory organs; the presence or absence of other complications, etc.

The first and second are positive, the third may be positive in about three-fourths of the cases.

4th. — Specimens: — Those of tumors, removed before operation, for diagnostic purposes. Thus in cancer the diagnosis will be positive in 80 per cent. of the cases. The diagnosis of tubercular deposits are positive. Examinations of the stomach contents gives positive information as to the general conditions of the stomach. Examinations of pus for gonococci and tuberculosis. In man this examination is positive in 99 per cent. of acute cases of gonorrhea, and in women it is positive in 90 per cent. of all cases; while tubercular pus in the urine rarely contains the germ and it is largely negative.

Examination of internal fluids contained in the body is often of value to know whether a certain accumulation is an acute exudate, and this may be determined where the contents of the cyst is carefully noted in 90 per cent. of the cases. In examination of human milk, where babies do not thrive, this examination will determine the presence or absence of pathological conditions, the amount of fat or its absence, and in 75 per cent. of examinations reveals the cause why the baby does not thrive.

Examination of the feces will give us information as to whether there is present, or not, a condition of chronic catarrh, worms and so forth.

With this brief outline before us, we may at least form some general conclusions as to the place and limitations of such work in the practice of medicine. This may be stated under four general heads.

First, the method is but an extension of bedside examinations and is as much clinical in its nature as the use of the clinical thermometer or the stethescope, but differs from these in having a wider range. In other words, it is an examination of

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a patient, clinically, carried out more completely.

Second, these methods are not, and should not be made, a substitute for careful bedside examinations.

Third, blood and urine examinations are of value in every case of sickness. Whether the information is worth the cost must be determined in the individual case.

Fourth, a negative finding proves nothing unless frequently repeated.

Dr. Wilson thought that much of the dissatisfaction which had arisen from the laboratory work was the result of the poor work done by political doctors who secured their position more because of political ability than from their scientific attainments. The two classes of physicians who did harm were those who believed implicitly in the result of laboratory examinations and those who did not believe in them. He thought that failure was often the result of poor technique in the preparation of specimens and this failure had led physicians to be humbugged by pseudo-scientists and after being humbugged once they concluded not to try it again. Unfortunately the men who undertook this work were often unfitted for it and had not the bent of mind which secured the best results. It required one peculiarly fitted for work as much as it did one to ocular work, or surgery, or gynecology. He thought none should take up laboratory work who had not at least had several years of general practice to broaden the mind. These general practitioners make the best specialists in other fields and they make the best specialists in laboratories.

DISCUSSION.

Dr. Charles Gatchell:—In medicine, as in other things in life, it is well that at intervals there should be navigators who take our bearing by the stars and give us our latitude and longitude, as Dr. Wilson has done in his instructive and suggestive paper. He has defined the limitations of one of the departments of our science. This also indicates that there are limitations to be defined.

The false notions that have obtained in the minds of many of the profession as to what can be accomplished by laboratory methods is something of their own invention, rather than anything that they have obtained from experts on the subject. They, apparently, have not understood that laboratory diagnosis is but one link in the chain; that it is but one method of diagnosis, among others. This indicates, also, that it is in this way that laboratory methods of diagnosis have suffered in the estimation of the profession. It lies, really, in the fact that those who have possessed the least knowledge of the subject have assumed a great deal, and have based their arguments upon their own assumptions. It is to set tnese things right that a paper of the character which Dr. Wilson has presented here tonight is written.

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As has been said by the writer of the paper, and truthfully said, this is only a part of the whole, and, as the bedside clinician would find in a certain case of rheumatic fever a developing heart-murmur under observation, he would have but one valuable symptom; in another case the bronchial rales in the apex would be one, and only one, symptom of a disease; and so the absence of the patellar reflex would be but one symptom in a disease of another character, and so on through all the various affections. Hence, the laboratory signs should be considered as but one symptom in the totality of symptoms in the diagnosis of a case.

But what has struck me as especially important in the paper in dealing with the subject, is, as I have tried to express it, the possibility of giving a really numerical value to laboratory methods in diagnosis, in connection with the examination of the various tissues and fluids of the body. While the essayist is not inclined to give undue value to laboratory diagnosis, yet he has, I might say, unconsciously, expressed a real figure-value for it, and this can be done in connection with no other method of diagnosis. The essayist has called our attention to the fact that in some classes of disease the laboratory method will give, in 90 per cent. of cases, exact diagnostic knowledge. In others, and especially in one condition, in 99 per cent. of cases we get exact diagnostic knowledge; in still another condition we get a percentage, expressed numerically, as high as 80 per cent.

Now, what other method is there in the shape of clinical diagnosis in which the percentage of exactitude can be so expressed? You cannot do it with reference, for instance, to typhoid fever. We cannot say that the presence of the characteristic roseola eruption on the abdomen will be the determining factor in 80 per cent. of cases. Here the importance of laboratory methods is well illustrated. According to Cabot, if the Widal test is satisfactory it gives a positive diagnosis in 95 per cent. of cases. Now, no other one symptom in typhoid will do that. Nor will any other single clinical symptom in any other disease do it.

While I would not over estimate the importance of the laboratory method of diagnosis, yet, I think it is of great value, and that value lies in the exact relation it bears to the entire diagnosis. The laboratory method of diagnosis gives us but one single symptom in the totality of symptoms, but that symptom is, in most cases, the most important one of all.

Dr. Hanks, vice president:—I see Dr. Mitchell here and would like to hear from him on this subject.

Dr. Clifford Mitchell:— Madam president, I did not have the pleasure of hearing Dr. Wilson's paper and hence cannot discuss it. I am very much in favor of diagnostic laboratory methods and I want to say right here that it is a source of gratification to me to see men

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in our school, like Dr. Wilson, who can do these things as well, if not better, than any one else. As I am to present a paper on the subject requiring these methods I trust you will excuse me from inflicting myself upon the members of the society too much.

Dr. Hanks:—I did not notice that Dr. Mitchell has a paper but see that he is next on the program and we will now listen to his paper.

Dr. Clifford Mitchell then presented his paper on Bright's Disease. (See Original Articles).

Dr. W. Henry Wilson:—I have found in some cases of uremia, as an additional evidence of the presence of the condition that the blood in these cases was of high specific gravity, a condition which has not been mentioned. In my experience the blood in uremic conditions is very much like the blood of those persons who are subject to gout. This seems to me a rather startling fact. This paper, it seems to me, is a wonderful collection of facts in connection with urinary analysis. Dr. Wieland's remarks have suggested the fact that urine examinations, as in other examinations, depends upon who makes them; in other words how much the man knows about laboratory methods. I believe there are several tons of urinary reports written and published in this country which are not worth ten cents. They are made by men who are mere students yet and who really do not know a sufficient amount about uremic examinations to make them competent to report.

Dr. O. L. Smith: — I would like to ask the essayist if he ever used, and if so has he found, in stygmata maidis, any diuretic effects in cases of this kind?

Dr. Mitchell:—I think so. The only point I was trying to make was not to depend too much upon them. In cornsilk, we have as reliable a remedy as any, but I do not like to rely solely upon them in a case of uremia. I use diuretics in connection with other agents.

Dr. O. L. Smith then read a paper upon Nasal Reflexes which presented the importance this organ occupied in chronic troubles. The importance of studying reflexes had been brought to the attention of the profession by other men. Dr. Smith related instances where the patient had suffered from a cough or some nervous condition which commenced to improve upon the removal of a spine, or the correction of a deflection of the septum, or the removal of an abnormal growth. The benefit derived by children who suffered from stenosis of the nasal cavity who were mouth breathers and were stunted in intellectual as well as physical development. These cases had most of them promptly responded to proper treatment of the nose and became bright mentally, and active in body. Dr. Smith reported a case of facial spasms that had resisted all other treatment, which promptly recovered upon the correction of an

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abnormal condition of the nose. The fact that nasal derangement is often reflexed was proven by the fact that dysmenorrhea had often been cured by the appropriate nasal treatment.

Dr. N. B. Delamater:—This is a subject that interests every practitioner; it is a subject that of late years has received considerable attention, but I think no more than it deserves. At the same time there are a great many of us who are sometimes led into error in making promises of cure to patients because we happen to find a possible source of reflex irritation. The one suggestion made in the paper as to how we were to determine whether a condition, for instance painful menstruation, would be the result of an irritation in the nose or some heart symptom be a symptom of irritation in the nose is doubtful. I think the problem is that all these reflexes result from some irritation cannot be settled except by the removal of these sources of irritation. Now if there is any possible sources of irritation we are justified in saying to the patient that this is the cause, it is possible, and that the removal will correct the trouble. In very many instances we will get the desired results. I think that the Doctor in his paper does not wish to have his hearers overlook the general condition of the patient and I am sure he does not in his practice any more than others. The fact is that a goodly number of cures resulting from the removal of these sources of irritation are probably the result of suggestion and psychical influence.

There is no doubt that in many cases of an operation upon the nose, or some other source of irritation, gives us the psychical influence that produces a cure, but on the other hand there is no question that in a very large number of cases the only line of cures lies in the removal of these sources of irritation. I can very heartily commend the doctor for the points he has brought out and for directing the attention of the profession to the nose. It might seem as if we might always think of the nose among the first things in connection with examination of the patient. But it is a fact that the nose and the ear are neglected, somewhat, in the general scramble of, or prominence of the various organs as a cause of reflexes, and I am glad to see it brought out so prominently.

I have seen a good many cases, for instance like chorea, as the doctor spoke of, facial chorea, where the removal of a spine or an adenoid has been followed by a prompt cure. I remember an instance of a little boy who came to see me with a long standing case of facial chorea. I could not find any cause for it until I introduced my finger into the fauces and discovered he had an abnormal growth. I referred him to a specialist, who removed it, and with the removal the spasms ceased and have never returned. And so in a goodly number of cases I have found

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it necessary to have such work done.

I have found it necessary in numerous instances to thoroughly examine the nose, with the other organs as well, that I might be able to determine if it might not be a possible source of irritation. I feel that we are all much benefited by the able presentation of this subject by one so capable of so doing as is Dr. Smith.

Dr. O. L. Smith:—That there are reflexes arising from abnormal conditions of the nose any one can easily determine for himself. The moment the pencil or instrument comes in contact with the sensitive point that moment will some symptom, sometimes fainting, etc., appear. There is no doubt but what the psychical effect has something to do with producing some of the good effect but there are many cases which do get well simply as the result of operation upon the nose.

Dr. Anderson presented a paper on the action of strychnine in hiccough, in which was shown its power to overcome these attacks when they were of pure neurotic conditions. This paper was discussed by several and the meeting adjourned at 10:30 p. m.

MARY ELIZABETH HANKS. M. D.,
Vice President.
WILSON A. SMITH. M. D.,
Secretary.

Homeopathic Medical Society of the State of New York.

The Homeopathic Medical Society of the State of New York held its fiftieth annual convention in the city of Albany, on Tuesday and Wednesday, Feb. 11 and 12, 1902.

The mayor and city council of Albany extended to the society the freedom of the city and granted them the use of the supreme court room of the city hall in which to hold their convention.

At 10 o'clock Tuesday morning the exercises were opened by an eloquent prayer by the Rev. S. B. Hayward, a prominent clergyman of the capital city of the Empire State.

The worthy president of this flourishing organization, Dr. John T. Greenleaf, of Owego, delivered a short address, in which he dwelt on the spirit of the age, recounted the history of the organization and of the several smaller associations, the tendency of the age being to combinations, and said that but eleven county societies remaining in the organization and of these but five are paying dues. He recommended that some arrangement be made either to revive the old plan, or for its entire obliteration and said the place of meeting was not central and the time of the meeting was unfortunate and recommended that some plan be devised to obviate both.

President Greenleaf announced the following committees:

Committee on Auditing—Drs. C. A. Wood, Binghamton; F. Park Lewis, Buffalo.

Committee on President's Address—Drs. John L. Moffat, Syra-

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cuse; J. W. Le Seur, Batavia; G. E. Gorham, Albany.

Committee on Attendance—Drs. Frederick D. Lewis, Buffalo; C. H. Hiefreck, New York; H. P. Deady, Liberty.

After a careful deliberation and an extensive discussion of the subject of changing the time and place of holding the annual sessions, the Committee on President's Address did not agree with Dr. Greenleaf's proposition to change the place for the annual meeting from Albany to some other city, and made the following report: "Experience has demonstrated the importance of our meeting in Albany during the session of the Legislature. With due deference to the recommendation of our presiding officer, we deem it inadvisable to make any change in the time or place for holding our meetings." The report of the committee was adopted.

President Greenleaf then announced that the next business would be to consider the annual report of the Treasurer who promptly submitted his report, which showed that he had received $666.29 from his predecessor, $1,130 dues and $12.60 interest on funds, making a total received by him of $1,808.89. From that amount he had expended the sum of $1,479.75, leaving in his hands the sum of $329.14. The Treasurer's report was accepted and filed.

Dr. John L. Moffat, of Brooklyn, Chairman of the Committee for Increasing Interest in Materia Medica, read the report of that committee, which recommended that some of the many members who took no interest in this subject be put on the committee for next year, for they ought to know what should be done to increase their interest.

Dr. E. G. Cox, Chairman of the Banquet Committee, reported that the banquet of the society would occur at the Ten-Eyck Hotel in the evening. His report was received with applause.

The report of the Committee on Attendance was read and aproved.

Dr. E. H. Porter, Chairman of the Committee on Medical Legislation, read that committee's report, which was approved and loudly applauded. He made reference to the fact that his committee had waged war against Senator Brackett's bill abolishing the managers of the asylums under the jurisdiction of the State lunacy Commission. "The bill was passed," said Dr. Porter, "and the Board of Managers legislated out of office. But one thing is certain, the board will again return to power."

The chairman of the committee on life insurance companies then read his report, which was unanimously approved.

President Greenleaf announced that the society would then be entertained with the reading of special papers carefully prepared by several leading members.

Dr. A. R. Grant of Utica favored the meeting with an interesting essay, which he presented on behalf

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of the Bureau of Clinical Medicine, of which he is a member.

Dr. Lynn A. Martin of Binghamton read an able paper on "The Public Health."

Other interesting articles were read by Dr. J. F. Roe, Dr. W. M. Butler, Dr. M. C. Ashley, Dr. L. L. Danforth, Dr. G. W. Roberts and Dr. C. A. Ward, the chairman of the Bureau of Clinical Medicine.

Dr. C. S. Winters of Binghamton favored the brilliant assembly with an able paper entitled "Fluoric Acid."

Dr. Fred D. Lewis presented an interesting essay on the subject of "Catarrhal Preventatives." His paper led to a brief discussion during which Dr. J. L. Moffat of Brooklyn said that the wearing of high collars was injurious and condemned the practice, from a medical standpoint. He was followed by Dr. J. D. Zwetsch of Gowanda, who added his censure to high collars and said that warm, dry feet and low collars were conducive to prevention of catarrh.

The convention then proceeded to the election of officers, which resulted as follows:

President—Dr. John L. Moffat, of Brooklyn.

First vice-president—Dr. Morris C. Ashley, of Middletown.

Second vice-president—Dr. B. G. Carlton, of New York City.

Third vice-president—Dr. Charles A. Gwynn, of Auburn.

Secretary—Dr. De Witt Wilcox, of Buffalo.

Treasurer—Dr. Frederick J. Cox, of Albany.

Necrologist—Dr. W. S. Garnsey, of Gloversville.

Legal Counsel—Mr. F. E. Wadhams, a prominent attorney of Albany.

Censors — Drs. J. D. Zwetsch, Irving Townsend, C. A. Ward, J. A. Stewart, W. H. Van Denburg, George T. Mosely, Dr. Van Loon, J. M. Keese, W. H. Nickerson, W. H. Hodge and J. I. Dowling.

Medical Examiners—Drs. Willis B. Gifford, William Morris Butler, Martin Bessemer, William M. L. Fisk, H. W. Paige and John W. Le Seur.

The committee on nominations for the ensuing year is: Drs. G. W. Roberts, L. A. Martin, Park Lewis, H. D. Schenck and Charles Haines.

Before adjournment a hearty vote of thanks was tendered to the retiring officers for the faithful manner in which they performed their duties.

The evening banquet at the Ten Eyck Hotel was a well attended and enjoyable affair at which Dr. Lynn A. Martin, of Binghamton, was chosen toastmaster, and he performed his duties in a highly satisfactory manner.

R. S. Oliver.

The Englewood Homeopathic Medical Society.

The Englewood Homeopathic Medical Society met with Dr. Cushing in the parlor of the Hollenden Hotel 61st and Wentworth

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avenue, Tuesday, Mar. 11, 8:30 p. m. Dr. Cushing read a paper on the treatment of tubercular glands. It was treated from the surgical standpoint as the meeting was conducted by the surgical bureau of which Dr. Ingersol is chairman.

A very interesting and profitable discussion followed the reading of the paper.

The society was represented by its most active and enthusiastic members despite a pouring down rain.

In the absence of the President Dr. Crutcher, Dr. Belle Gurney presided, and at the close of the meeting Dr. Cushing invited his guests into the dining room where a dainty luncheon was served. Upon the request of the society Dr. Cushing consented to have his paper published in THE VISITOR.

A MEMBER.

The American Institute of Homeopathy—Announcement.

Arrangements are rapidly completing for making the meetings of the American Institute of Homeopathy in Cleveland a success long to be remembered. The local profession welcomes every member, and promises that in the matter of hotels, railways, entertainments, and the like, no disappointment will be experienced. One of the principal features of the week's meeting will be the coming together of the various college alumni, forming a grand College Alumni Association, who will have special rooms assigned to them in the Hollenden Hotel, and one evening will be devoted to a "round up" with general jollification, music, singing, and speeches. On another evening a reception, ball, and banquet will be given at the Colonial Club on Euclid avenue. The usual first-night opening services, addresses of welcome, President's address, etc., will be held in the Chamber of Commerce Building, where all the meetings of the Institute will be held. The memorial exercises are also suitably provided for.

On Saturday the Erie Railway has tendered an excursion to Cambridge Springs, Pa., where the visitors will be the guests of the Hotel Rider. During June, Cleveland is famed for its beautiful weather and its cool sleeping nights. It is justly called the "Forest City" with its miles and miles of paved and shaded streets, for driving, walking, and bicycling—a boulevard system connecting its many beautiful parks and waterways, and an unparalled system of trolly lines. The meeting place and the hotels are adjacent and in the very heart of the city, accessible to the railways, places of amusement, the principal stores, and points of interest. A cordial and most hearty welcome is extended to every homeopathic physician—and his wife—to meet in Cleveland this summer with the American Institute of Homeopathy.

GAIUS J. JONES, M. D.,
Chairman Local Committee.

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Announcement.

American Institute of Homeopathy.
Office of the Secretary, 100 State St.,
Chicago, Feb. 20, 1902.

To the Members of the American Institute of Homeopathy:

The president of the American Institute is able to announce that it is now possible to forecast, to a great extent, the conditions which will attend the holding of the fifty-eighth annual meeting of our great National association, to be held in Cleveland, Ohio, June 17th to 21st, 1902.

The local headquarters will be at the Hotel Hollenden, which is one of the finest hotels in the United States, and in its arrangement and appointments is peculiarly well adapted to the purposes of the meeting. The house and its furnishings may be termed elegant, and its cuisine is of the best. A new addition is being built, which will be ready for occupancy in June. The hotel will accommodate 700 guests. A special reduced rate for rooms will be made for Institute members. The Hollenden is on the European plan. The "Colonial," across the street, is another first-class hotel, and can accommodate a large number. It is on the American plan. Other smaller hotels are conveniently near.

The hall for the meetings, in the Chamber of Commerce building, not far from the Hollenden, is splendidly adapted to the Institute's purposes. The hall is large — seating one thousand; it has attached to it numerous committee rooms, and, what is of especial interest and importance, it is quiet, being entirely out of hearing of the noises incident to traffic in busy city streets.

At the present time there is favorable prospect that the several allied societies will combine with the corresponding sections of the institute, by mutual agreement between the officers of the various bodies, so that this year their work will practically be a part of the work of the Institute. This is looked upon as being a fortunate arrangement, and one which will add greatly to the interest of the coming meeting.

It is hoped to have as a special feature of the meeting a "College Alumni Conclave." This, if arrangements are completed, will be held under the auspices of the Institute authorities, and, while affording every opportunity for the enjoyment of the occasion, it will differ in important respects from alumni reunions which have been held in the past. The alumni of the various colleges will, upon arrival in Cleveland, register at headquarters, which will be provided for them by the committee of arrangements, at the Hollenden. On Thursday evening the General Conclave will be held at the Chamber of Commerce Hall. It is especially desired that the women graduates of our co-educational institutions shall take part. The program for the evening's entertainment will be arranged by the special committee

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acting in conjunction with the Institute authorities. The entertainment will consist of appropriate music, orchestral and quartette, and the singing of college songs, together with brief speeches by representatives of the various colleges. In addition to this feature the local committee of Cleveland will, for the several days of the meeting, provide appropriate entertainments of various kinds, which, while not conflicting with the Institute sessions, will afford diversion suited to all.

The location of Cleveland is especially favorable. It is easily accessible from the east, from the south, from the west and from Canada. It is a convenient common meeting place for all. It is, as yet, too early to announce the arrangements that will be made with the various railroads in the matter of reduced rates of fare. These will be made known in due time.

Cleveland is a city which is more than usually well adapted for convention purposes for a body the size of the American Institute of Homeopathy. It is pleasantly located on the shore of Lake Erie. It has wide streets lined with many shade trees, beautiful drives and parks, fine hotels, golf links, club houses and every attraction possible to offer by any place aspiring to entertain such a body as our National organization. The local profession is united, harmonious, and enthusiastic in the work that is given them to do. They are making every preparation and looking forward with anticipations of the greatest pleasure to becoming the hosts of the Institute on this important occasion. There is not a cloud in the sky. All promises well, and there is every prospect that our meeting in Cleveland will be a large one in the matter of attendance, harmonious in its labors, enthusiastic in the spirit that will prevail, and in all respects one of the most successful ever recorded in the history of the Institute.

The Executive Committee is thoroughly convinced, and more than ever satisfied, that in the best interests of the Institute it has made absolutely the wisest choice in selecting Cleveland as the next place of meeting.

CH GATCHELL, M. D,
Sec'y.

JAMES C. WOOD, M. D, Pres.

Annual Reunion of the Alumni Association of the Hahnemann Medical College, Philadelphia, Thursday, May 15th, 1902.

The annual reunion and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 15th, 1902.

The business meeting will convene at 4:30 p. m., in Alumni Hall, Hahnemann Medical College, Broad street above Race, Philadelphia, and the banquet will be held at 9:45 p. m., at Horticultural Hall, Broad street above Spruce.

The trustees and faculty of the

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college extend a cordial invitation to all the members of the alumni and their friends to attend the fifty-fourth annual commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. corner Broad and Locust streets, Philadelphia.

Banquet cards can be secured by notifying the secretary. Requests received after Wednesday, May 14th, 1902, cannot be considered.

W. D. Carter, M. D., '94, Sec.
1533 South Fifteenth St., Philadelphia.

Resolutions passed by the Indianapolis Homeopathic Medical Society March 12, 1902, upon the death of its oldest member, Dr. J. H. Haynes.

Whereas, it has pleased an all-wise Providence to remove from our midst by the hand of death, our beloved fellow-member, Dr. John R. Haynes. and

Whereas, his loss is particularly felt by reason of his long and intimate association with this Society, and his unfaltering devotion to his chosen profession, be it

Resolved, That the Indianapolis Homeopathic Medical Society, hereby expresses its profound regret at the sad calamity which has taken him from among us, and extends to his family its deepest sympathy.

A. A. Ogle, Pres.
W. E. George, Sec.

W. R. Stewart, C. B. McCullough, } Com.

ANNOUNCEMENT.

The Seventh Post Graduate Course in Orificial Surgery by E. H. Pratt, M. D., will be held in the amphitheatre of the Chicago Homeopathic Medical College, corner Wood and York streets, Chicago, Illinois, during the week beginning with April 28, 1902, having a four hours daily session. Doctors invited to bring obstinate cases of every variety of chronic disease.

For particulars address E. H. Pratt, M. D., 100 State street, Suite 1203, Chicago, Ill.

Correspondence.

A Friendly Criticism.

To the Editor:

I am not a graduate of a homeopathic college but take much pleasure in reading homeopathic literature. Am a subscriber to homeopathic journals, from which I have received much valuable information. Am now a subscriber to The Medical Visitor, from which I hope for knowledge in our worthy profession. The January number is now before me and the opening original article of Sheldon Leavitt, M. D., was read with much interest, but on page 4, where he says "*we*

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shall do well to leave the old-school with its exclusively materialistic tendencies to peer through its lenses and make its pathological culturer, if it will, while we direct our search toward the true source of all ills, and patiently study its etiological and curative processes." I have it marked in the margin "Oh, how misleading, how uncharitable!" Have I marked it right? If not, why not?

L. R. MUNDHENK, M. D.,
West Alexandria, Ohio.

[We fear that Dr. Mundhenk has failed to grasp the spirit of Dr. Leavitt's article. We understand the suggestion of Dr. Leavitt's paper is to study internal medicine more, the peculiar idiosyncracies of the patient, the *vis naturæ*, rather than become over-enthused with laboratory work to the neglect of the former. We know Dr. Leavitt gives credit to the investigator of the old school for the good work done, but after a diagnosis is made there still remains the selection of a remedy or a method of cure. It is this which he pleads for, as we understand, and noting the above criticism and the earnest spirit of fairness of our correspondent, feel they both believe in the same.—EDITOR.]

Book Reviews.

Saunders' Medical Hand-Atlasses. ATLAS OF THE NERVOUS SYSTEM. Including an Epitome of the Anatomy, Pathology, and Treatment. By Dr. Christfried Jakob, head of the Athologic Institute for Nervous and Mental Diseases at the University of Buenos Ayres. With a preface by Prof. Ad. v. Strumpell, Director of the Medical Clinic, Erlangen. Authorized Translation from the Second Revised German Edition. Edited by Edward D. Fisher, M. D., Professor of Diseases of the Nervous System University and Bellevue Hospital Medical College, New York, etc. With 112 Colored Lithographic Figures and 130 other illustrations, many of them in colors. Philadelphia and London: W. B. Saunders & Company, 1901. Price, $3.50.

All the words of praise we have bestowed upon the other books of this series are just as applicable to this one on the Nervous System. It is no better than the other Atlasses, for they cannot be excelled, but it is as good. The cuts, true to life, so accurately tinted that one can scarcely believe he looks at aught but the actual tissue, so perfectly printed, and yet added to with the clearest and briefest of text.

The diseases of the nervous system are "unknown" to many of our best general practitioners and here is a book which gives them a clinic, adds a short but instructive lecture, presents the case in every detail, clears the smoky atmosphere, and aids, not alone in making a diagnosis, but by enabling one to

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select the proper treatment. It is just as necessary for a homeopathic physician to make a diagnosis, to be able to select appropriate treatment as one of any other school. Those who have purchased these books upon our recommendation have been more than satisfied and this one will prove no exception. Its mechanical construction is the acme of the book-maker's art.

OPHTHALMIC DISEASES AND THERAPEUTICS. By A. B. Norton, M. D., Professor of Ophthalmology in the college of the New York Ophthalmic Hospital, Surgeon to the New York Ophthalmic Hospital, etc., President American Institute of Homeopathy, ex-President American Homeopathic Ophthalmological, Otological and Laryngological Society, etc., Editor *Homeopathic Eye, Ear and Throat Journal.* Philadelphia: Boerick & Tafel, 1902. Cloth, $3.00 net; by mail, $3.36; half Morrocco, $4.00; sent by mail, $4.36.

Ever since Dr. Geo. S. Norton, one of the beloved men of the homeopathic fraternity, first issued his work it has been standard among the colleges of our school. After his death his work was taken up by his brother, Dr. A. B. Norton, and successfully carried on. Its popularity with the medical profession is shown by the fact that in less than three years the third edition has been called for.

Dr. Norton has aimed to keep up with all the advances made in the specialty of which he is a master and the book is one which is of immense help to the general practitioner, probably more so than the specialist. The diagnostic points are clearly set forth under each disease and the indications for remedies delight the heart of the true prescriber. His large experience, his faithfulness to homeopathy, the excellent results he has secured and his ability to teach and to tell what he knows makes the book what he desires to accomplish in it, that of making it "a concise, practical manual," for the student and family physician, "that will acquaint him with the everyday diseases of the eye and their homeopathic treatment." We have had the pleasure of reviewing every edition of this excellent work and can truthfully say the last is always the best. The addition of a repertory add much to the value of the book.

THE HOMEOPATHIC PHARMACOPEIA OF THE UNITED STATES. Published under the Direction of the Committee on Pharmacopeia of the American Institute of Homeopathy, second edition, Boston. Otis Clapp & Sons, Agents, 1901.

The general satisfaction felt by the practitioners of the homeopathic upon the appearance of the first edition of an authoritative pharmacopeia was nearly universal. There were a few errors in the first which, not marring the value of the work, had been noticed, and as the time approached when the second edition was needed, a new committee was appointed, and this is the result of their completed work reported to the American Institute

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at the Richfield Springs' meeting. We trust that in the future every homeopathic pharmacist will follow its instructions for the manufacture of medicines and thus we will possess a uniform strength of medicines. The work is well printed, and the information concerning drugs, will make it a useful as well as handsome addition to any library.

THE PSYCHIC AND PSYCHISM. By A. C. Halphide, A. B., M. D., author of Mind and Body, The Theory and Practice of Suggestive, Therapeutics, etc., etc. 12 mo. silk cloth, gilt edge. Price $1.00. Authors Publishing Co., Chicago, 1901.

It is well, indeed, that a study of the mind with all its bearings upon health, etc., should be done by one who knows something of medicine. Many interesting examples of the power of suggestion are given. Its efficacy in mental aberrations, the tonic effect upon the will power, its ability to really lift one "out of the slough of despond" on to a firm foundation is very charmingly told. It won't do everything; it won't set a broken bone; it won't cure consumption; it will not abort typhoid fever, but suggestion does much for those nervous, tired, fidgety people who imagine they have all sorts of ills. The book is full of helpful hints to the physician, and one which enables the physician to answer many of the questions which are asked concerning this method of healing the sick.

A very timely TREATISE ON SMALLPOX, to sell at $3.00, is announced for publication early in April by J. B. Lippincott Company. It is written by Dr. George Henry Fox, Professor of Dermatology in the College of Physicians and Surgeons, New York City, with the collaboration of Drs. S. Dana Hubbard, Sigmund Pollitzer, and John H. Huddleston, all of whom are officials of the Health Department of New York City and have had unusual opportunities for the study and treatment of this disease during the present epidemic.

The work is to be in atlas form, similar to Fox's Photographic Atlas of Skin Diseases published by the same house. A strong feature of the work will be its illustrations, reproduced from recent photographs, the major portion of which will be so colored as to give a very faithful representation of typical cases of variola in the successive stages of the disease, also unusual phases of variola, vaccinia, varicella, and diseases with which smallpox is liable to be confounded. These illustrations number thirty-seven and will be grouped into ten colored plates, 9½x10¼ inches, and six black and white photographic plates.

The names of Dr. Fox and his associates assure the excellence of the work, in which will be described the symptoms, course of the disease, characteristic points of diagnosis, and most approved methods of treatment.

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THE MEDICAL VISITOR

VOL. XVIII. APRIL 1ST, 1902. NO. 4

Original Articles.

PROPHYLAXIS TO BE REALIZED THROUGH THE ATTAINMENT OF HEALTH, NOT BY THE PROPAGATION OF DISEASE.*

BY J. W. HODGE, M. D., OF NIAGARA FALLS, N. Y.

In view of the fact that a bold attempt has recently been made by a representative of the self-styled "regular" profession to place upon our statute books a compulsory vaccination measure, the provisions of which mark a height of brazen effrontery which medical despotism has never before reached in the Empire State; and inasmuch as the public mind is largely occupied with the questions of smallpox and vaccination at the present, the discussion of some phases of these subjects seems timely and appropriate. I desire to treat this important topic, not in a spirit of contentiousness, but with a sincere desire to get at the truth even though in so doing some unwelcome facts are disclosed and some cherished ideals are dispelled. My aim is to consider facts as I find them and not as I wish they were.

The advocates of vaccination unhesitatingly assert that the vaccine disease protects its subjects from smallpox, but the facts, so far as we know them, do not warrant this assertion. Indeed, the theory which assumes to conserve health by propagating disease has always had a formidable array of facts to oppose it.

From the days of Jenner to the present time, cases of smallpox have appeared among those who were supposed to be protected by vaccination, and these in no small numbers. When Jenner began the practice of vaccination in 1798, he rashly assumed that one "successful" vaccination was a preventive of smallpox for an entire lifetime. This, it is readily seen, was a mere hypothesis on his part, because in the very nature of the case it was not possible to determine at that time that the artificial production of one disease would surely prevent, forever afterward, in that subject, the occurrence of another disease (smallpox). Assumption is not law, and Jenner lived to witness the folly of his error.

I here present a few examples out of many thousands which are at hand to warrant the affirmation that vaccination does *not* protect its subjects from smallpox.

* Read before the Western New York Homeopathic Medical Society in Buffalo, April 11th, 1902.

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The *London Morning Advertiser* of November 24, 1870, reports: "Smallpox is still making greater havoc in the ranks of the Prussian army, which is said to have thirty thousand smallpox patients in its hospitals." These were all vaccinated and re-vaccinated. Dr. G. F. Kolb, of the Royal Statistical commission of Bavaria, officially states: "In the kingdom of Bavaria, where no one for many years, except the newly born, escaped vaccination, there were in the epidemic of 1871 no less than 30,742 cases of smallpox, of whom 29,429 had been vaccinated, as is shown by the documents of the State Department."

The Lancet (London) of July 15, 1871, editorially states: "The deaths from smallpox have assumed the proportions of a plague. Over 10,000 lives have been sacrificed during the past year in England and Wales. In London 5641 deaths have occurred since Christmas. Of 9,392 patients in the London Smallpox Hospitals, no less than 6,854 had been vaccinated, i. e. nearly 73 per cent. Taking the mortality at 17½ per cent. of those attacked, and the deaths this year in the whole country at 10,000, it will follow that more than 122,000 vaccinated persons have suffered from smallpox. This is an alarming state of things. Can we greatly wonder that the opponents of vaccination should point to such statistics as an evidence of the failure of the system? It is necessary to speak plainly on this important matter."

Statistics of similar import might be quoted by the page, chapter and volume, but time and space forbid. One such fact is as good as a thousand, because it effectually destroys the foundation of the theory of preventive vaccination.

In the annual report of the Health Department of the city of New York, 1870–71, it is stated: "This extraordinary prevalence of smallpox over various parts of the globe, especially in countries where vaccination has long been efficiently practiced; its occurrence in its most fatal form in persons who gave evidence of having been well vaccinated, and the remarkable susceptibility of people of all ages to re-vaccination, are new facts in the history of this pestilence, which must lead to re-investigation of the whole subject of vaccination and of its claim as a protecting agent."

A. M. Ross, M. D., A. M., an eminent old school physician of Toronto, in writing about the Montreal smallpox epidemic of 1885, said: "Whoever closely watched the course of the epidemic in Montreal must conclude that vaccination is utterly useless as a protection from smallpox. Much of what transpired in our smallpox hospitals was suppressed, especially whatever was likely to operate against the progress of vaccination, which proves a golden harvest to the vaccinators. But notwithstanding the conspiracy of silence, a few official reports came out pregnant with proof against vaccination and demonstrating

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beyond question that a large proportion of the patients admitted to our smallpox hospitals had been vaccinated, and that many of them died, some with two and others with three vaccine marks upon their bodies."

The New York Medical Journal, edited by Frank P. Foster, M. D., in its issue of July 22, 1899, contains an article, entitled "Vaccination in Italy," written by Charles Ruata, M. D., professor of hygiene and of materia medica in the University of Perugia, Italy, in which he demonstrates by the presentation of the most trustworthy official statistics that preventive vaccination in that country has been a complete and certain failure.

Prof. Ruata prefaces his article with the following affirmation: "Italy is one of the best vaccinated countries in the world, if not the best of all, and we can prove that mathematically." He says: "Our young men, with few exceptions, at the age of twenty years must enter the army, where a regulation prescribes compulsory vaccination." After having quoted the official statistics of the Italian government as proof of his assertion, he says: "For twenty years before 1885 our nation was vaccinated in the proportion of 98.5 per cent. Notwithstanding, the epidemics of smallpox that we have had have been something so frightful that nothing before the invention of vaccination could equal them."

In Italy, having a population of 30,000,000, 98.5 per cent. of whom were officially declared vaccinated, Dr. Ruata goes on to say: "During the year 1887, we had 16,249 deaths from smallpox, in 1888, 18,110, and in 1889 13,413." In referring to the Italian army, in which "vaccination had been performed twice a year in the most satisfactory manner for many years past," Dr. Ruata says: "Now we see that soldiers not protected because vaccination did not 'take' were less attacked by smallpox than those 'duly protected' by the good results of their re-vaccination; and that the death-rate in those vaccinated with good results was greater than among those in whom vaccination did not 'take.'"

In regard to the vaccine material used, Dr. Ruata says: "I have limited my analysis to the last six years, during which time the only lymph used in our army has been animal lymph, exclusively, furnished by the government institute for the production of animal lymph." After having cited the government statistics, which sustain his conclusions, Prof. Ruata remarks: "The 'duly protected' sodiers were attacked by smallpox in a proportion double that among the 'unprotected' soldiers."

"As you see, these are official statements, extremely trustworthy because they were made in a country where, and at a time when, no one thought that it was possible to raise a doubt against the dogma of vaccination. In our country," he continues, "we have no league against vaccination, and every father thinks that vaccination is one of his first

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duties. For these reasons no bias could exist against vaccination in making these statistics." The figures of these statistical records presented in *The New York Medical Journal* from the pen of an eminent professor in an Italian university stand as unimpeachable witnesses to the fact that preventive vaccination has been a complete failure in Italy, which we are assured is one of the most thoroughly vaccinated countries on the globe.

I now call another witness, Prof. Alfred Russel Wallace, LL.D., F. R. S., (co-discoverer with Darwin of the theory of evolution), an expert statistician and one of the ablest scientific men of England. In his latest great scientific work, entitled "The Wonderful Century," Professor Wallace has devoted a chapter to the consideration of the most trustworthy statistics on a large scale, as relating to smallpox and vaccination. He tells us that in April of the year 1889, Queen Victoria appointed a commission of eight of the most distinguished medical men of England and quite a number of eminent men in other professions, to investigate the question of the effect of vaccination. This commission, we are told, spent more than seven years in its investigations, held 136 meetings, examined about 200 witnesses, and investigated six epidemics which had occurred in recent years at Gloucester, Sheffield, Warrington, Devosberry, Leicester and London.

It is upon the evidence presented in the majority report of this commission that Prof. Wallace bases his statements and conclusions, some of which I herewith present. He has critically examined the early tests employed by the advocates of vaccination to prove the alleged protective influence of the practice, and has pointed out the fallacy and complete inefficiency of these tests. He has brought together an array of remarkable test cases which illustrate the utter worthlessness of vaccination. Of these crucial tests I shall be able to present but a few. "The first is that of Leicester, which for the past twenty years has rejected vaccination till it has now almost vanished and smallpox is almost unknown. The second is that of the Army and Navy in which, for a quarter of a century, every recruit had been re-vaccinated, unless he has been recently vaccinated or had smallpox. In the first we have an almost unvaccinated population of nearly 200,000, which on the theory of the vaccinators should have suffered exceptionally from smallpox; in the other we have a picked body of nearly 220,000 men who, on the evidence of the medical authorities, are as well protected as they know how to make them, and among whom, therefore, smallpox should be almost or quite absent, and smallpox deaths quite unknown. Let us see then what has happened in these two cases. In both it has been clearly proven that smallpox increased with the increase of vaccin-

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ation, and decreased under sanitation, cleanliness, and hygienic living."

After having set forth page upon page of these test cases, Prof. Wallace observes: "It is thus completely demonstrated that all the statements by which the public has been gulled for so many years, as to the almost complete immunity of the re-vaccinated Army and Navy, are absolutely false. It is all what Americans call 'bluff.' There is *no immunity*. They have *no protection*. When exposed to infection they *do* suffer just as much as other populations, or even more. In the whole of the nineteen years, 1878–96 inclusive, unvaccinated Leicester had so few smallpox deaths that the Registrar-General represented the average by the decimal 0.01 per thousand population, equal to ten per million, while for the twelve years 1878–89, there was less than one death per annum. Here we have *real immunity*, *real* protection; and it is obtained by attending to sanitation and isolation, coupled with the almost total neglect of vaccination. Neither Army nor Navy can show any such results as this. "Now," says Prof. Wallace, "if there exists such a thing as a crucial test, this of the Army and Navy as compared with Leicester affords such a test. The populations concerned are hundreds of thousands; the time extends over a generation; the statistical facts are clear and indisputable; while the case of the army and navy has been falsely alleged again and again to afford indisputable proof of the value of vaccination when performed on adults."

Prof. Wallace produces official statistics which verify his affirmation that "The town of Leicester is, and has been for the past twenty years, the least vaccinated town in the kingdom. Its average population from 1873 to 1894 was about two-thirds of that of the Army during the same period. Yet the smallpox deaths in the Army and Navy were thirty-seven per million, those of Leicester under fifteen per million." Prof. Wallace justly declares: "It is not possible to have a more complete and crucial test than this is, and it absolutely demonstrates the utter uselessness or worse than uselessness of re-vaccination."

"Before leaving Leicester," says Prof. Wallace, "it will be instructive to compare it with some other towns of which statistics are available. And first, as to the great epidemic of 1871-72 in Leicester and in Birmingham. Both towns were then well vaccinated, and both suffered severely by the epidemic. Thus:

	Leicester.	Birmingham.
Smallpox cases per 10,000 population, -	327	213
" deaths " " " -	35	35

But since then Leicester has rejected vaccination to such an extent that in 1894 it had only seven vaccinations to 10,000 population, while Birmingham had 240, or more than thirty times as many, and the pro-

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portion of its inhabitants who have been vaccinated is probably less than one-half that of Birmingham. The commissioners themselves state that the disease (smallpox) was brought into the town of Leicester on twelve separate occasions during the recent epidemic, yet the following is the result:

1891–1894.	Leicester.	Birmingham.
Smallpox cases per 10,000 population, -	19	63
" deaths " " " - -	1.1	5

Here we see that Leicester had less than *one-third* the cases of smallpox and less than *one-fourth* the deaths in proportion to population than well-vaccinated Birmingham; so that both the alleged *protection* from attacks of the disease and *mitigation* of its severity when it does attack, are shown not only to be absolutely untrue, but to apply, in this case, to the absence of vaccination.

The last quotation from *The Wonderful Century* which I shall here present is as follows: "But we have yet another example of an extremely well-vaccinated town in this epidemic—Warrington, an official report on which has been issued. It is stated that 99.2 per cent. of the population had been vaccinated, yet comparison with unvaccinated Leicester stands as follows:

Epidemic of 1892–93.	Leicester.	Warrington.
Smallpox cases per 10,000 population, -	19.3	123.3
" deaths " " " - -	1.4	11.4

Here, then, we see that in the thoroughly vaccinated town the cases are more than six times, and the deaths more than eight times, that of the almost unvaccinated town, again proving that the most efficient vaccination does not *diminish* the number of attacks, and does not *mitigate* the severity of the disease, but that both these results follow from sanitation and isolation."

The history of smallpox in Leicester, England, has, as pointed out by Prof. Wallace, furnished conclusive testimony to the world that smallpox can be confined within very narrow limits without any assistance(?) from the vaccine operation.

In 1872, when Leicester was a well vaccinated city, it was visited by a smallpox epidemic and suffered a heavy mortality. The doctors had so overdone the business of coercive vaccination and public prosecution that the people arose, *en masse*, in open revolt against the propagation of the vaccinator's poison. This emphatic protest had the effect of checking vaccination and of diminishing the percentage of vaccinations to the number of births. From page 209 of "The Wonderful Century" I quote the following: "But immediately after the great Leicester epidemic of 1872, which was worse than in London, the people began to

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reject vaccination, at first slowly, then more rapidly, till for the last eight years (1890–98) less than five per cent. of the births have been vaccinated. During the whole of the last twenty-four years smallpox deaths have been very few, and during twelve consecutive years, 1878–89, there was a total of only eleven smallpox deaths in this populous town." Thus we see the history of Leicester presents one of the best object lessons of the past thirty years; for since its smallpox epidemic of 1872 its citizens not only rose in open revolt and rid themselves of the incubus of vaccination, but also instituted as thorough a system of sanitation as their crowded population of nearly 200,000 would admit of.

Leicester, therefore, under the guidance of a creed the main articles of which are founded on the teachings of sanitary science and obedience to the laws of hygiene, stands out clear and distinct above all the other cities in England, both as a rebuke to the vaccine practice, and as a testimony that salvation from the contagion of smallpox lies in the direction of sanitary regulations and hygienic habits of life. In defense of the Leicester system, which is simply a system of thorough sanitation, the report of its medical officer for 1893 tells a story which should be emphatically and repeatedly impressed upon the mind of every health-board official throughout the civilized world. Addressing his townsmen, the Leicester health officer said: "You are entitled to great credit, more especially in the case of smallpox, which, by the methods you have adopted, has been prevented from running riot throughout the town, thereby upsetting all the prophecies which have again and again been made. I need only mention such towns as Birmingham, Warrington, Bradford, Walsall, Oldham, and the way they have suffered during the past year from the ravages of smallpox, to give you an idea of the results you in Leicester have achieved,—results of which I, as your medical officer of health, am justly, I think, proud."

The foregoing are a few of the hundreds of demonstrations that can be cited of the utter worthlessness of vaccination as a preventive of smallpox. If protection is good for anything, it should be effective during the prevalence of an epidemic; but, as we have seen, that is just where the unvaccinated enjoy the greater immunity from the variolous infection. Can any one explain why it is that the vaccine practice continues to be perpetuated, and the contagion of the cowpox disorder to be propagated by the medical profession in the face of such evidence as this? Considered in the light of these facts, the spectacle of health-boards enforcing their compulsory vaccination edicts is amazing.

The statement of such demonstrations as these puts the advocates of vaccination in a very awkward predicament, to say the least. A knowledge of such clean cut facts should be sufficient to destroy in unprejudiced minds all belief in the efficacy of so-called preventive vaccination.

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The ancient theory which ignores the laws of hygiene and sanitation by teaching the absurd doctrine that the propagation of the contagion of disease by ingrafting it into the bodies of healthy people can be advantageous to the well-being of a community, should find no favor with the sanitary rationalist of the twentieth century, and, in my humble opinion, deserves the open condemnation of every scientific physician.

Belief in this curious dogma has tended to foster a disregard for cleanliness. By leading people to overlook the real cause and to neglect the true preventive of smallpox it has done much to obstruct the progress of truth, and to retard the evolution of hygiene and sanitary science.

Instead of having been instructed by their family physician to observe the laws of health and to avoid the causes of disease, people have on the contrary been taught, for a century, to rely upon a fetich for immunity from a filth-disease. The only measure which has been found competent to cope with smallpox and other zymotic diseases is cleanliness. As people learn to keep their dwelling apartments clean and well ventilated, their streets and alleys free from the accumulation of filth, their water supply pure, their food free from injurious adulteration, their bodies free from the accumulation of effete tissue, by taking plenty of exercise in the open air, they rise superior to the thralldom of zymotic disorders. There is no exception to this rule. Whom do these diseases attack? The untidy and unclean. What neighborhoods do they visit? The filthiest. What cities do they select? Those in which sanitary conditions are most neglected. Note the smallpox epidemic of Montreal of 1885, in which 3,400 people died of the disease. Who were the victims? The very lowest class of society, children who were filthy, neglected and ill-fed, who were living in houses that were overcrowded, destitute of proper ventilation, and in courts and alleys reeking with filth and where sanitation is a term unknown.

So-called "successful" vaccination is nothing less than the implanting into the healthy organism the virulent products of diseased animal tissue, with the effect of inducing actual disease. The performance of such an operation, in the very nature of the case, violates every principle of modern aseptic surgery, the legitimate aim of which is to *remove from* the organism the products of disease and never to *introduce* them. The chief aim of the modern surgeon is to make and treat wounds aseptically. The careful operator employs every means at his command to clear the field of operation of all bacteria, and he uses every available resource of the marvelously minute and intricate technique of asepsis to prevent the entrance through wounded tissue into the organism of any germ or morbific agent before, during, and after an operation. He fears sepsis

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as he fears death; and yet under the blighting and blinding influence of an ancient and venerated superstition, he will intentionally inoculate into the circulation of a healthy human being the virulent animal poison, vaccine virus, the infective products of diseased animal tissues, under "strictly aseptic conditions."

Think of the unparalleled absurdity of deliberately infecting the organism of a healthy child in this era of sanitary science and aseptic surgery, with the poisonous matter obtained from a sore on a diseased calf, under the pretence of protecting the victim of the ingrafted disease against the contagion of another disease! Can inconsistency go farther than this? Inoculating an indeterminate lot of microbes into a healthy organism under "aseptic precautions!" Ladies and gentlemen of this society, just think of it!

In considering the subject of preventive vaccination the question arises: What is vaccinia? And what is it that the vaccinator implants into the healthy human organism? Into this part of the subject time forbids me to enter, except to point out a few brief quotations from high authorities on this subject. From the American Text Book of Diseases of Children, article, Vaccination by T. S. Westcott, M. D., (p. 192) I quote the following: "The exact nature of vaccinal disease is a question which has been the subject of repeated theorizing and experimentation since the time of Jenner, and even at the present day no consensus of opinion has been reached." Many pro-vaccinal authorities aver the belief that vaccinia is smallpox modified or attenuated by passing through the system of the cow. This theory, however, rests on very inconclusive evidence and must soon be relinquished.

Dr. Chauven, in his notable address before the French Academy of Medicine, October, 1891, after detailing his elaborate experiments which had continued for years, concludes: "(1) Vacine virus never gives smallpox to man; (2) variolic virus never gives vaccinia to the cow; (3) vaccinia is not even attenuated smallpox."

Vaccinia is, in all probability, a modified form of syphilis, as has been clearly pointed out by Dr. Chas. Creighton, of London, and Dr. Crookshank, professor of pathology and bacteriology in King's College, London, two of the highest living authorities on these subjects. Dr. A. W. Hutton, another eminent authority, says: "The syphilitic nature of cow-pox is the theory which now holds the field; and it is hardly contested by the advocates of vaccination, who are content to rely solely on the evidence of statistics."

James Moore, assistant-director of The National Vaccine Establishment of London, says: "If the cow could plead her own cause, she might assert that what we call vaccine did not originate with her. She

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might retort upon us that it was the contact of man which polluted her pure teats; for no cow that is allowed to suckle her own calf untouched by a milker ever has this complaint" (cowpox).

Dr. Charles Creighton, who was employed to write the article on Vaccination in the ninth edition of The Encyclopedia Brittanica, because he was considered the ablest living authority on that subject, says: "The real affinity of cow-pox is not to smallpox, but to the great pox. The vaccinal roseola is not only very like the syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of every-day practice is, to all intents and purposes, a chancre; it is apt to be an indurated sore when excavated under the scab; when the scab does not adhere, it often shows an unmistakable tendency to phagedena." To the scientific physician, conclusive evidence of the real affinity of cow-pox is furnished at a glance by the pathological diagnostic table of M. R. Leverson, M. D., A. M., Ph. D., (author of the theory of the great antiquity of man on the earth), which formed the basis of his thesis read before the American Association of Physicians and Surgeons at Indianapolis in January, 1896, and which has been now for more than six years unquestioned by the profession. This table is a condensed statement in parallel columns of the primary and secondary symptoms of smallpox, cow-pox, and syphilis from the separate descriptions of the most renowned authorities upon these several diseases. It shows an almost complete likeness between the two latter and a total unlikeness of each to smallpox. Thus we come face to face with the gravest and, at the same time, the most disgusting aspect of the whole vaccination problem. Here we have some of the highest authorities who have produced the clearest evidence showing that vaccinia is modified syphilis. The chronic and protean manifestations which at times follow vaccination must have impressed us all with their close analogy to syphilitic lesions.

Prof. Alfred Russel Wallace has proven by the testimony submitted in the Majority Report of the Royal Commission of Inquiry on Vaccination, that the cow-pox practice instead of protecting its subjects from the contagion of smallpox, actually rendered them more susceptible to it. This conclusion based upon facts is in harmony with the physician's daily observations and experiences. Health is the ideal state to be sought for and obtained, not disease. Disease should always be avoided. Every pathogenic disturbance in the infected organism wastes and lowers the vital powers, and thus diminishes its natural resisting capacity. This fact is so well known and so universally conceded that it seems superfluous to cite authorities. Nevertheless, at the risk of being considered redundant I shall mention a couple. The American Text Book of Surgery, one of the latest standard works (p. 59) says: "The

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healthy body is intolerant of bacteria and will resist the invasion of a mass of organism which an inflamed or diseased part may be unable to withstand."

Another of the latest works, The International Text Book of Surgery (Vol. I, p. 263), is authority for the following statement: "Persons weakened by disease or worn out by excessive labor yield more readily to infection than healthy individuals."

If this is true, it explains why in variolous epidemics, smallpox almost always attacks the vaccinated first, and why this disease continues to infest the civilized world while its allied "filth-diseases" have disappeared before the advance of civilization, through the good offices of sanitation, hygiene and the isolation of the sick.

In conclusion, I venture to think that I am warranted in maintaining that an impartial and comprehensive study of vital statistics gleaned from every reliable source, proves that the extension of the practice of vaccination cannot be shown to have any logical relation to the diminution of cases of smallpox.

After a careful consideration of the history of vaccination and smallpox, and after an experience derived from having vaccinated more than 3000 subjects, I am firmly convinced that Edward Jenner saddled a legacy of disease and death upon the human race, and incidentally made $150,000 by the transaction; that the practice of vaccination has been the means of disseminating some of the most fatal and loathsome diseases, such as leprosy, cancer, syphilis, tetanus and tuberculosis; that vaccination is not only useless, but positively injurious; that instead of protecting its subjects from the contagion of smallpox, it actually renders them more susceptible to it by depressing the vital powers and diminishing natural resistance; that vaccination was introduced at a time when smallpox was a diminishing factor, and by checking smallpox inoculation, withdrew a fertile source of variolous propagation; that the discontinuance of variolous inoculation, therefore, rather than the practice of vaccination, accounted for the diminishing prevalence of smallpox during the first three decades of the last century; that previous to the introduction of vaccination, variolous inocculation was unanimously believed in and generally practiced by the doctors of the self-styled "regular" profession in multiplying smallpox cases by spreading the contagion; that there is no evidence worthy of the name on record to prove that vaccination either prevents or mitigates smallpox; that many thousands of healthy children have died from the effects of vaccination; that millions of vaccinated people have died of confluent smallpox while having the plainest vaccine scars on their bodies; that smallpox epidemics almost invariably attack the vaccinated first; that smallpox is

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a filth disease which ever follows closely upon flagrant violations of the laws of hygiene and sanitation; that the occurrences of all the great epidemics of smallpox have coincided with periods of sanitary neglect; that cow-pox and venereal pox have much in common; that the analogy between the manifestations of vaccine and those of syphilis is so close that several of the most eminent pathologists of the world regard cow-pox as a modified form of syphilis; that the condition set up by vaccinia is often chronic and as protean in its manifestations as is syphilis; that the identity of cow-pox and syphilis was first clearly pointed out by Dr. Hubert Boens-Boissan in 1882; that so-called "spontaneous cow-pox" is a myth; that cow-pox is a disorder not natural to the cow; that it never occurs in bulls or steers, nor in young heifers that have never been milked; that it is a disease of milch cows which has been communicated to them from sores on the hands of milkers who were suffering from the "bad disease;" that when these facts are fully realized by the medical profession and the public it will not take long to put an end to the crime of compulsory vaccination; that the community that has sanitary surroundings, a pure water supply, wholesome food, good health and freedom from the blood-poisoning incident to vaccination, need have no more fear of smallpox than of measles; that Leicester stands out clear and distinct above all the other cities in England, both as a rebuke to the vaccine practice, and as a testimony that salvation from the infection of zymotic diseases lies in the direction of sanitary regulations and hygienic habits of life; that the legitimate function of the true physician is not to *propagate disease*, but to *restore health* and *prevent* disease; that the attainment of health is the great desideratum; that a state of health is the ideal state to be sought after and attained; that no man can be truly said to be susceptible to the contagion of smallpox or to that of any other disease so long as he is in a state of perfect health; that such a state resists and repels the assaults of all morbific influences and is therefore the best protective against disease; that it is never necessary to actually set up one disease in a healthy organism to protect against another; that such a procedure is an appalling violation of the basic principles of hygiene and sanitary science; that immunity from the contagion of all diseases is to be realized through the attainment of health, not by the propagation of disease; that the performance of the vaccine operation, in the very nature of the case, violates the cardinal precepts of modern aseptic surgery, the aim of which is to *exclude from* the economy pathogenic bacteria and to remove the products of disease from the organism, and never to *introduce* them; that vaccination has utterly failed to fulfill the flattering promises made for it by Jenner and his followers; that a portly volume

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could be filled with the records of these failures; that compulsory vaccination has been abolished in Switzerland and England, while laws sanctioning this crime still disgrace the statute books of "free" America; that compulsory vaccinations ranks with human slavery and religious persecution as one of the most flagrant outrages upon the rights of the human race; that the vaccine operation, which consists in abrading the epidermis and implanting an indeterminate lot of microbes into the organism of a healthy person, is opposed to the laws of hygiene and to all the teachings of modern surgical practice; that immunity from the contagion of smallpox is to be realized through the *attainment* of health, not by the *propagation of disease;* that attention to hygiene and sanitation, supplemented by segregation of the sick, have robbed smallpox of all its terrors; that enlightenment on these subjects is sure to bring the conviction that the *propagation of* disease under the pretext of *preventing* disease has been a *malefaction*, instead of a *benefaction* to the human race.

Under the irrational plea of prophylaxis, the vaccinators are sowing broadcast the germs of disease in the bodies of the rising generation. A harvest of disease and death is the legitimate fruitage of the seed thus sown. To the thoughtful sanitarian the widespread prevalence of smallpox during the past year, following a century of diligent vaccination, makes it evident that unless more energy is devoted by the health-boards of the future than has been devoted by those of the past, to the correction of sanitary defects, and less zeal displayed in propagating disease, the idea of abolishing smallpox must be relegated to a very distant period in the history of human progress.

PRACTICAL OBSTETRICS IN THE COLLEGE COURSE.

NOTES TAKEN FROM THE TWO CONCLUDING LECTURES OF DR. T. GRISWOLD COMSTOCK, EMERITUS PROFESSOR OF MIDWIFERY IN THE HOMEOPATHIC MEDICAL COLLEGE OF MISSOURI, DELIVERED MARCH 24TH AND 31ST, 1902, AT ST. LOUIS.

The "Vertex."—Dr. Comstock stated that it was remarkable that few authors upon obstetrics gave a clear definition of the term "Vertex." Although all of our text books often mention the *vertex*, neither Playfair, Lusk, Parvin, Meigs, Winkel, the American Text Book of Obstetrics, Leavitt, nor the standard works upon midwifery in the German language give its definition and position. Dr. Ramsbothem gives it as situated at a point a little in front of the posterior fontanelle. In a well known old work, Dr. Todd's Cyclopædia of Medicine, the vertex

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is defined as synonymous with the anterior fontanelle or bregma; by Smellie, as the whole space of the sagittal suture between the two fontanelles; and by Schmidt as a point *midway* between the anterior and posterior fontanelles.

The expression "vertex," or "crown," naturally implies the highest point of the head when in the erect position, and if this be so, it would seem that with Schmidt we would place it midway between the fontanelles. In the German language, "vertex" is expressed by the word "*Scheitel*," and the parietal bone is called "*Scheitelbein*," (bone of the vertex), something expressive. The professor stated that when examining candidates in the "Green room" for the degree of doctor of medicine, he had often been surprised at the number who seemed confused when trying to define the vertex, and giving its exact location. One candidate for an *ad eundem* degree, who was already a graduated doctor and an experienced practitioner, defined the vertex as synonymous with the anterior fontanelle or bregma; and he was quite in accord with its definition as given by that old English author in Todd's Cyclopedia. The old anatomists as we are informed by Dr. Leishman in his midwifery, called the parietal bone, "Os verticis," vertex bone, a very practical designation. Professor Leishman adopts the definition of Smellie, which includes the sagittal suture in its whole length. Professor Comstock said modern obstetrists by common consent now understand the term "vertex," the posterior or occipital fontanelle.

The students were examined upon the mechanism and conduct of a normal labor. They were asked to describe the false pelvis, the true pelvis, the superior and inferior straits, the inclined planes of the pelvis and their important influence in the rotation of the foetal head during labor. All these matters were thoroughly discussed and described. Posterior-occipital positions were then considered and discussed. This vicious position as stated by the professor, he regards as one of the most serious and trying accidents that confronts the obstetrist in his practice. He said that statistics showed that about 96% of these positions causing lingering labor, finally rotate normally, the occiput emerging under the publis. In the other 4% of these positions the occiput remains directed posteriorly towards the sacrum, and thus comes into the world over a great distended perineum, terminating often with a serious rupture of the same, not unfrequently extending into the rectum.

It was explained that when the occiput is directed posteriorly and fails to rotate, but plunges into the pelvis with a "*down grade*" direction and fails to turn under the pubis, it has *three times as far to travel* before it could be delivered, as when directed anteriorly. The occiput, now, as it were resting in the hollow of the sacrum, and before it can be

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moved forward from its resting place, acquires a force to give it an "*up grade*" direction, with a forlorn hope that it will rotate under the pubis, —something which rarely happens. In this serious complication the force of the uterus is directed posteriorly, or toward the posterior part of the perineum, and notwithstanding, that the head has been forced an "*up grade*" direction, and is out of the hollow of the sacrum, it can hardly get over the greatly distended preineum without rupturing it. In this dilemma Dr. Comstock advised the forceps. He stated that it was recommended by some authorities to apply the forceps reversed and then endeavor to rotate the occiput anteriorly. He said that such a proposal was dangerous if tried, and there was no way to proceed but to apply the forceps in the usual way and extract the occiput over the perineum. He advised the operation of *episiotomy* before applying the forceps so as to enlarge the perineum and allow of an easier delivery, and, then, after the child was delivered to suture the incisions made in the operation.

He stated that this operation had been practiced in Austria for more than 70 years, and that he first learned it and saw it practiced while a student at the University of Vienna; it is not noticed by English authorities, and only recently it has been recommended by Professor Fothergill, of Edinburg, in his work upon midwifery. It was, however, already approved of by Sir Fielding Ould over 100 years ago. Dr. Lusk dismisses it by calling it, "The young practitioner's operation." The most recent authorities in our country at present recommend it. The professor said that he regarded a complete posterior-occipital position as one of the most serious and trying in the practice of obstetrics. He said that 50 years ago such cases were usually delivered by craniotomy. He warned the students to make the diagnosis early, and then normal rotation was possible, the occiput coming down posteriorly, might be turned anteriorly, and the delivery would follow normally.

The following question was asked one of the class. "Given a case of labor, and diagnosticated as a head presentation, the pains are active and decidedly strong but natural. These pains have continued from 4 to 5 hours and the os uteri dilates slowly but satisfactorily; suddenly, the mother shows indications of exhaustion and the pains have entirely ceased. The young practitioner is at a loss to clearly conceive the nature of this sudden change. Tell the class the probable cause of this state of affairs, and what will be your treatment?" This case had been discussed in a previous lecture upon the conduct of lingering labor, and the student answered, that as the bag of waters was still intact, most probably the uterus had become tired from the long and continuous pains, and the exhaustion of the woman was caused thereby,—in fact we had

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a complete paralysis of the uterus. A digital examination should be made and the os if found dilated the size of a silver dollar or more, before removing the finger, the bag of waters should be ruptured, and at once with its copious evacuation the paralysis would be remedied by the contractions of the uterus, and the woman's exhaustion would be followed by a good reaction, so that the labor could go on normally until the second stage would end in delivery. Retention of urine was instanced by one student, that it might be a cause of paralysis of the uterus, and if so its treatment was by the introduction of the catheter and drawing off the urine. A question was asked:—After the child is born in what position should it properly be placed before and after it was dressed? A candidate of the senior class answered:

Always upon its right side, for the following anatomical reason:

"At birth there exists on the hind wall of the auricle a septum or partition, which is a shallow depression, the *fossa ovalis* ("oval pit") bordered except below by a ridge, the annulus ovalis, (oval ring). The fossa marks the site of a hole (*foramen ovale*) located in the partition or septum of the auricles. After the first week of the child's life, it becomes permanently closed by a flap of membrane. Through the *foramen ovale*, the blood passes direct from the right auricle into the left auricle." For this anatomical reason the child as soon as born, should be placed upon its right side, so as to assist in its closure. The importance of normal involution was discussed. The lecturer said much of the practice of the gynecologist was in consequence of improper management of the puerperal women during labor and from incomplete convalescence. The weight of the virgin, unimpregnated uterus was given as 9 to 10 drachms, but immediately after delivery it weighs about 24 ounces. During the period of the puerperium while the mother is recovering from the effects of pregnancy and childbirth, it requires from six to seven weeks to complete the process of involution. It is a process of retrograde metamorphosis, and is mainly caused by diminution of the blood-vessels of the uterus that occurs after delivery. As the uterus involutes, it decreases gradually in size, and by the 9th day the fundus will be found to lie behind the symphysis pubis.

Subinvolution was discussed as one of the most frequent affections that comes to the gynecologist for treatment, and is apt to be chronic and stubborn, causing no little suffering to such women. Several axioms were mentioned that had been insisted upon in previous lectures of the course, and containing principles which if carried out in practice would render the mortality in confinement cases almost *nil*. He said that midwifery was the oldest branch of any specialty in medicine of which we have a record, and the first practitioners of medicine were women.

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For the truth of this statement he quoted the Bible. Indeed, midwifery has been defined as "the vertrebral column of general practice." Michael Angelo announced an axiom especially practical in obstetrics.

This great artist said: "Attention to trifles constitutes perfection, and perfection is no trifle." One of the greatest physicians said, "The practice of gynecology will only be successful by strict attention to minute details." These hints should be remembered by the watchful accoucheur, who must withal be a careful observer. The following rules must be carried out in order to have success in the practice of of midwifery:

1. Absolute asepsis as regards the puerperal woman, lying-in room, and in the person of the attending accoucheur.

2. A careful diagnosis of the postion of the child should be made before the completion of the first stage of labor.

3. Watching expectantly the progress of the labor.

4. Non-interference during the labor except for *cause.*

5. A clean delivery of the placenta.

6. Be assured that there is a good contraction of the uterus before leaving the patient.

7. After the delivery examine carefully, by occular inspection, and see if there is any laceration of the perineum.

8. If a laceration is discovered, repair it as soon as convenient and if nothing should contraindicate; it can be made before leaving the lying-in room.

The *primary* operation for the repair of a lacerated perineum is a simple proceeding in comparison to the *secondary*, as in the former case the parts are dilated, the tissues are already freshened and obtunded, so much so that the operation is practically almost painless. The patient is to be placed in the left semi-prone position, with one assistant the practitioner can make an excellent repair which as a rule will unite perfectly. Some badly instructed practitioners from timidity leave such cases to nature so that the gynecologist will have to be called upon to make the repair after months of suffering. The secondary operation cannot be made under two to four months, when an anesthetic must be administered, the parts carefully freshened, and all this will require the aid of a chloroformer and one assistant. The accoucheur, especially in country practice, should always have his forceps within reach, and not fail to carry with him a pocket case of instruments, containing needles, a needle-holder, catgut, silkworm gut and Chinese silk. Finally, be watchful and vigilant against any complications that may cause exhaustion in your patient, ever having in mind the possibility of a post-partum hemorrhage, and arrange to be within call if such an accident should

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happen. This last injunction applies also especially to eclampsia and post-partum infection or puerperal fever.

The professor with many applauds closed his course by exhorting the class to be kind, sympathetic, gentle and attentive to women in labor, and by no means to neglect "*suggestive therapeutics*," or in any event to ever allow opportunities to go by unimproved. He said in the "Morning Call," O. W. Holmes, M. D., has illustrated kindness and sympathy as jewels in practice and not to be ignored. The whole poem he read, and we will quote from it four stanzas:

"Of all the ills that suffering man endures,
The largest fraction liberal Nature cures;
Of those remaining 'tis the smallest part
Yields to the effects of judicious Art;

"But simple Kindness—kneeling by the bed
To shift the pillow of the sick man's head,
To give the draught that cools the lips that burn;
To fan the brow, the weary frame to turn.

"Kindness untutored by our grave M. D.'s.
But Nature's graduate, whom she schools to please
Wins back more sufferers with her voice and smile
Than all the trumpery in the druggist's pile.

"Be gentle, then; though Art's inspiring rules
Give you the handling of her sharpest tools,
Use them not rashly—sickness is enough,
Be always 'ready,' but be never 'rough'."

THE GYNECOLOGICAL CLINIC.

CHICAGO HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL. — SERVICE OF PROFESSOR SHELDON LEAVITT, M. D.—CASE REPORT BY DR. A. LEWY.

CASE XII.—Miss E. P. H., aged twenty-nine years. Occupation, school teacher. Was sent to Professor Leavitt by Dr. Clementson of Wisconsin. Menstruation was establised at thirteen and a half years, and was painless for a number of years. Then she began to suffer from dysmenorrhea, leucorrhea, headache, morbid fears, insomnia, and general nervousness. Has left ovarian pain, chiefly at her periods. Numbness and drawing pains in the lower extremities. Has recently lost appetite and flesh, though still apparently well nourished. Persistent constipation.

Physical examination disclosed no marked lesions, but it was thought that surgical intervention would be an aid to recovery. Accordingly, on February eleventh, she was anesthetized and brought before the

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class. An adherent hood was loosened from the clitoris; the right labium minorum being greatly elongated, was trimmed; the uterus was dilated, curetted and washed out; several papillæ were removed from the rectum; and the sphincter ani was well dilated.

Improvement began at once, and continued. She sat up on February twenty-second, and began to walk alone soon after, and on leaving the hospital, March eleventh, was far advanced toward recovery.

REMARKS BY PROF. LEAVITT.

This woman when she came to me, was a total nervous wreck, dominated by the most absurd and childish fears. For several years she had not been left alone either night or day. A sister came to the hospital with her and remained until a week or more before her discharge. The question of the sister's leaving came as a test of my patient's improvement. I had been advised that certain circumstances made it difficult for the sister to stay longer, but it was feared that her departure would be the signal for a nervous explosion in my patient. I myself put the question of leaving to the latter, who promptly declared, at first, that she should not go. It did not take much argument however, to convince the patient that it would be a useful discipline, and then she gave her cheerful consent. Soon afterwards she achieved another triumph which greatly elated her. She had slept with her room door open into the corridor, deeming it a matter of essential precaution. One night the nurse, on going out, closed the door. The first impulse was to rise and open it, when the value of self-discipline, which I had been trying to impress upon her, came with a flood of conviction and she resolved to sleep with the door closed, which she did with comfort. When she began to walk I ridiculed the lazy cautiousness of her movement, and assured her of the full return of her agility, modified only by temporary weakness. For months she had been helped about like an invalid, unable, as she supposed, to walk in other than a semi-paralytic manner. Some three years before she suffered a fall, which, it was believed, affected her powers of locomotion, and gave her dizziness and headache. All these symptoms had taken so firm a root in her convictions that they had to be removed one by one. Even then they would come and go in unison with the waves of faith and unbelief which alternately swept over her. It was gratifying to observe throughout her stay that the power of self-control was gradually acquiring mastery.

When this patient went home she was on the highway to health. She will not be well for many weeks or months, or she may never recover, the effect being dependent on the regime under which she may be held, and the character of her environment. The delivery of such

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patients from the evil domination under which they have fallen, is to me a most interesting study. In such delivery wise pedagogy plays the most useful role. Though in many respects immeasurably trying, I am partial to the care of such cases, and have yet to find one whose progress did not repay me for the efforts put forth in its behalf.

I have just received a letter from this patient which concludes with the words, "I realize you are the only person in this world who thoroughly understands me." In the same letter she discloses the real essence of her weakness when she says, "Company seems to bother me a good deal. I can't listen or get interested in what is said, *self being uppermost.* I seem so conscious or everything I do or say. This of course has bothered me all along." Under proper guidance this woman will some day acquire self-mastery, and *par consequence*, physical and mental health.

Case XIII. Mrs. H. aged 30 years, a woman of light complexion and slender figure, looking wan and worn, was sent to me by my friend Dr. Sachlaben, and entered the hospital March 4th. She had complained of much epigastric pain, and for several weeks had vomited a number of times daily. She is the mother of one child. Has never been strong, and has been in bad health ever since her confinement. Has backache, headache and hypogastric pain. Is constipated. Menstruation has been regular. Is exceedingly nervous and depressed,—almost melancholic.

Examination disclosed a small left-sided laceration of the cervix uteri, and a sensitive state of all the pelvic organs. The ovaries and tubes were normal.

I operated on March 5th, dilating and curetting the uterus and repairing the cervix. The sphincter ani was well dilated and two or three papillæ were removed. This was all, but the effect of it on the woman's health has been most striking. She vomited two or three times after the operation, while recovering from the effects of anesthesia, but that ended the distressful emesis which had so long persisted. Insomnia, which has been an annoying symptom, soon gave way; the general nervousness improved; cheerfulness returned to her countenance, and her appetite became almost voracious. On leaving the hospital she declared herself perfectly well and happy.

It was a highly gratifying outcome.

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UTERINE DISPLACEMENTS COMPLICATING PREGNANCY.*

BY JAMES WEST HINGSTON, M. D., CHICAGO.

DIGEST.

"Of all the affections with which we have to deal displacements are perhaps the most common. Both as regards diagnosis and treatment there is much which ought to be understood by the practioner, for nine-tenths of the cases of malposition which come under his observation are simple and need only the application of common sense principle for their successful treatment."

I have quoted this from a volume just from the press entitled "Diseases of Women: A Manual of Gynecology Designed Especially for the Use of Students and General Practitioners."

In the language of Dorothy Dix I am moved to exclaim, "Say, fellows, this smart guy has a cinch on how to cure wandering uteri. When it comes to corralling them he has the whole bunch of the rest of us faded." As a gynecologist this fellow must be the champion monologue artist. I opine it has been the case with many of you, as it has been with me during the past few years, that the common sense principles have been an illusion, for of all the troubles with which women are affected I have found none more difficult to cure than the varied uterine displacements. Judging by what I can see of the results of the general practitioner in his success by the common sense principles, I am led to wonder if it is possible that so many of our great intellects, those of the medical profession have had the "blind staggers," for almost with one voice they have declared that the usual treatment advocated has been unsuccessful and disappointing. I am inclined to surmise that what ought to succeed does not succeed and the utterances of the learned author tends to "bumfoozle" the student and the general practitioner, to whom the work is dedicated.

If the treatment was so easy and the cure so readily wrought your chairman of this bureau would not have found it necessary to request me to present a paper on Displacements of the Uterus Complicating Pregnancy. However, the fact still remains that a great many of our ailing women are afflicted with some uterine displacement and this is particularly true of multipara. Thus is the affliction a frequent complication of the gestation period.

The most frequent form of displacement is retroversion. When it occurs as a complication of pregnancy, attention will be called to pain in the back, bearing-down, weight, and general pelvic discomfort, in addition to the usual morning sickness. I wish here, particularly, to call

* Read before the Englewood Homeopathic Medical Society.

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your attention to the fact which is not generally understood; that many cases of nausea and vomiting of pregnancy are due to retroversion or other displacements. Not infrequently correction of this displacement cures the morning sickness. The condition suspected, the diagnosis is made usually by the bimanual method commonly recommended. When the dislocation is uncomplicated by adhesions the treatment in the early months is simple. It will consist of replacing the displaced organ and supporting it with a tampon of wool saturated with some antiseptic.

For this purpose I would recommend a mixture composed of boric acid ten grains, lanoline and glycerine, equal parts, one ounce. This is removed in three or four days, the vagina carefully but thoroughly douched with a solution of boric acid and a tampon replaced as before. It will be necessary to continue this treatment until the end of the fourth month when the uterus will remain in the abdominal cavity. With those patients who will be unable to receive this bi-weekly treatment it will be needful to substitute for the tampon a properly fitted Hodge or Albert Smith pessary. The pessary has been given the credit of producing abortion, but I think close observation would have shown that it was the uncorrected displacement for which the pessary was placed that was the cause of the abortion for it is far from an unknown thing for a physician to place a pessary without first correcting the uterine displacement.

When retroversion is complicated with old pelvic or peritoneal adhesions the treatment will have to be considerably modified. It will usually be found impossible to break up these adhesions at one sitting and replace the uterus. They are usually broken up gradually, and a tampon placed to retain the uterus in the position. This tampon is saturated with an ointment consisting of ichthyol one drachm, lanoline and vasoline, equal parts, three drachms. The ichthyol stimulates, acts as an antiseptic and aids in reducing the inflammatory products.

What I have said of retroversion may be considered as practically true of retroflexion but it must be remembered that retroflexion favors abortion much more than does retroversion and its treatment must be carried on more carefully. It is well to remember that the endometritis which is present in nearly every case of retroflexion is responsible for the loss of the fruit of the womb as well as being the most frequent factor in preventing conception. Where retroflexion exists the fundus enlarges and it is apt to remain in the hollow of the sacrum, becoming wedged there and finally permanently fixed in that position. Where conception occurs in such a case there can be but one result, unless the condition of abnormality of position is relieved, namely abortion.

But this can be corrected. It will take time of course to do it.

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Don't be in a hurry. Where the uterus is doubled back on itself, the patient should be anesthetized, the cervix pulled down, the fundus raised and an effort made to place it in a normal condition; this can be done only when the patient is under an anesthetic. The patient should remain in bed a few days until all danger of abortion is passed.

In those old cases of chronic pelvic peritonitis with adhesions, which the efforts of the physician and nature fail to break up, or sufficiently stretch to permit the uterus to ascend into the abdominal cavity, abortion is the natural result before the end of the fifth month of pregnancy. Under these conditions an abortion occurring is much more serions than under ordinary circumstances.

Of simple prolapsus nothing need be said. The application of principles mentioned in the foregoing will be found all-sufficient. What may be said as to the prospect of cure of uterine displacements as a result of pregnancy going to full term? I answer a good deal more and a good deal less than has been claimed by individual practitioners. When women have been told by their physicians that the bearing of a child would be the means of curing the conditions, and follows that up with no instructions, we must consider such advice pernicious. On the other hand, when told by others they have never seen any beneficial results from pregnancy upon uterine malpositions, we at once conclude the subject and have left undone the principal part of their duty to their patient. When we remember that there is increase in the parts of the uterus, it may be readily understood how, through the development and growth of the organ during gestation, that certain weaknesses may be cured. New life is given to the part, and more perfect nutrition is established, so that after the termination of pregnancy, when involution has taken place the uterus assumes a normal state; the retroflexion is cured. But in the case where no instruction is given and no care taken of the patient, no further attention paid, when involution is completed the uterus will be found in the old malposition.

It may seem that inasmuch as both retroversion and retroflexion are necessarily corrected during the period of gestation a cure will be as readily accomplished here as a condition of anteflexion. Observation, however, shows that this is in no wise the case. For some unaccountable reason, or certainly for a reason not explained, a uterus once displaced usually assumes its old position when pregnancy is ended. The ordinary position a woman assumes in the puerperal condition is on her back which position she keeps during all the lying-in period. Is it not plain to be seen that this position makes the tendency for the fundus to fall back into the hollow of the sacrum? This position of the patient upon her back during the first few days after parturition may not neces-

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sarily be harmful, but after that time it is reasonable to believe that if kept on her face and follow this up until complete involution has taken place the uterus will be in a normal position.

This is not only reasonable in theory, but in my observation I have demonstrated it to be practicable. I have given my patients much encouragement after gestation if they would carry out my instructions for two or three months following parturition. These instructions are along the lines of suggestions already made towards keeping the patient in a prone position much of the time. It is not necessary that she lie flat upon the face, but assume an exaggerated Sim's position, first on one side then on the other, or allowing her for a short time to turn as far back as possible on her side. I keep her thus in bed for at least six weeks, or until involution is completed, which may be, as you know, eight or ten weeks. During all this time I watch my patient to see that the uterus has no tendency to retro-displacements.

When I first permit my patient to sit up I insist that her sitting position be erect. I allow no reclining or rocking chairs, no semi-recumbent position; she sits straight up. The following out of this plan I insist upon for four to eight weeks longer, making a seance of from four to six months for her, at the end of which time I have usually been able, to the satisfaction of my patients, to pronounce them cured of the old malposition. It is possible that this method of treatment may fail, but I believe in the great majority of cases such failures are due to imperfect carrying out of the plan laid down. If you have not tried it I commend it to your consideration.

This article would not be complete from a homeopathic standpoint if I were to end here; in all these conditions do not forget the indicated remedy. Arctium lappa or sepia may not lift a prolapsed uterus out of the vagina into the upper pelvis, but, when indicated, will go a long ways towards retaining it after being once replaced. Caulophyllum may not reduce a dislocated fundus, but by tightening the guy ropes will help to hold it in place after gestation has overcome the displacement. Don't forget the indicated remedy; don't confine your search for the indications to the pelvic cavity. Let your perspective take in the entirety of the case, particularly the mental and neurotic notes. The cure is most frequently found in the mental and other nervous symptoms.

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TUBERCULAR ADENITIS.*

BY G. M. CUSHING, M. D., CHICAGO.

A few months ago I was asked by the chairman of this Bureau to prepare a paper for this society upon the surgical treatment of diseases of the rectum, and I cheerfully complied with his request.

The paper was read and although it was a long one, the attention which was given the essayist during its reading was only excelled by the painful silence which followed. The discussion which I had hoped to bring out was conspicuous by its absence and I was grieved at the thought that possibly I had taken the valuable time of my listeners with a subject in which they had no interest.

With these facts still fresh in my memory I wish to present for your consideration tonight the subject of Tubercular Glands, a condition which on account of its extreme frequency, will, I believe, bring out an interesting and instructive discussion.

Glandular Tuberculosis is a condition to which individuals of all ages are susceptible, but one which is more frequently observed in children, in whom it is usually associated with cutaneous eruptions, morbid development of the adipose tissues, anemia, catarrhal conditions of the nose and ear, and was formerly termed scrofula.

The significance of the relation of lymphatic glands to the ports of entry of the disease germs is readily appreciated when we recall that the glands most frequently involved are the cervical (especially the submaxillary), the bronchial, the mesenteric and less frequently the axillary and inguinal.

The Tubercle Bacillus gains entrance to these glands through the different lymph channels, but in some instances it is carried, it would seem, directly through the blood stream. The mode of infection is rarely apparent but in many cases of cervical adenitis no doubt the micro-organism gains entrance to the lymphatics through a diseased tooth or the mucous membrane of the mouth, pharynx or tonsils in which structures it may or may not produce disease.

When the mesenteric glands are involved the germ usually enters the lymphatic system through the intestinal tract, the tissues of which may or may not become affected. In the case of inguinal adenitis the portal of entry is either found in the genito-urinary tract or in some wound in the lower extremities. Axillary tubercular adenitis is an exceedingly rare primary condition and although cases of this kind are occasionally met with, it is the rule that these as well as the inguinal glands become infected secondarily. The bronchial and tracheal glands are in almost

* Presented to the Englewood Homeopathic Medical Society.

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every instance the subject of secondary infection, the primary lesion either occurring in the lungs or cervical glands.

There is no organ of the body that is exempt from possible infection by the tubercle bacillus but of all the organs the lymph glands are most susceptible and of the lymph glands the cervical are the ones most frequently involved.

The danger of this malady is readily apparent when it is remembered that these cervical glands communicate almost directly with the tracheobronchial glands, which, if the proper treatment is not instituted early, almost invariably become involved and the closeness of their proximity to the lungs and other vital organs renders infection of these parts with subsequent generalized tuberculosis a much too frequent complication.

Fortunately the infrequence with which we meet axillary and inguinal adenitis and the anatomical arrangement of the afferent and efferent lymph channels of these glands renders secondary infection much less liable but there is no form of tubercular inflammation that is not accompanied by a very great degree of danger.

The diagnosis of the disease in question is usually not difficult, being characterized by slowly enlarging glands in an individual giving a tubercular family history and at the same time presenting a chronic nasal catarrh, enlarged tonsils, adenoids, decayed teeth, suppuration of the the middle ear, eczema of the scalp, ear or lips, conjunctivitis, keratitis, or tubercular disease elsewhere.

The greatest judgment must be used in adopting a method of treatment in these cases and whatever treatment is adopted must of necessity be regulated by the anatomical situation of the glands involved.

I am a firm believer in the thorough extirpation of all accessible tubercular tissue, and this at the very earliest possible moment after the diagnosis has been made. I believe that this is by far the most conservative method to adopt, providing there is not already an existing pulmonary or generalized tuberculosis. It is self-evident that this form of treatment can only be applied to cases of tubercular adenitis in which the cervical, axillary and inguinal glands are affected. In cases in which the deeper glands are involved, the treatment must of necessity be medicinal and hygienic.

There are several reasons why I believe in the early removal of these glands. The first and most important of all is that in their removal certain foci of the disease are done away with, thus lessening to some degree, at least, the danger of infection from these to parts that cannot be reached by surgical measures.

Second, in all instances these glands show a marked tendency to suppurate and open upon the skin surface where a long-continued and very

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annoying discharge is kept up, and if the gland ever does heal, either of its own accord or as a result of surgical interference, an unsightly scar is left that could almost entirely been avoided if an early operation had been performed.

Third, the value of operative treatment is these cases is evidenced by the prompt improvement in the patient's general condition following the removal of the diseased glands, this being noticed to a much greater degree than is ever seen where medicinal treatment alone is employed.

I do *not* believe, however, that the cure in these cases should be entrusted alone to operative measures, but that the earlier the operation is performed the greater will be the chances of recovery.

Much benefit no doubt has been derived from the use of cod liver oil, the calcareas and the iodides, both preceding and following the operation, but in my opinion it is asking too much of any remedy or remedies to combat so formidable a disease as tuberculosis unassisted by mechanical removal of such accessible tissues as are known to be infected.

It is the practice of all surgeons, I believe, to avail themselves of such remedies as are mentioned above, following the removal of the diseased glands, as well as correcting and closing such portals of entry as are found diseased, and throwing about the patient such environments as will be conducive to the development of the greatest possible resisting power on the part of the tissues of his body.

The *prognosis* in every case of tuberculosis should always be guarded and will depend upon the part of the body that is affected and the form of treatment employed. No surgeon is ever sure that he has removed all of the diseased tissue no matter how thorough his operation may have been and for this reason every precautionary measure should be adopted to overcome such micro-organisms as may have been left in the tissues unnoticed. On the other hand, the most that medicines can do is to assist nature in throwing up a barrier around the disease foci which to some extent walls them off from the surrounding tissues. We should ever remember that in this as in other diseases there are two forces constantly struggling for supremacy, the germ on the one hand and the tissues on the other, and our treatment should be directed toward the eradication of the germ and the increasing of the resisting power of the tissues.

Knowing then as we do the anatomical arrangement of the glands in question, understanding the mode of entrance of the disease germs and realizing the proneness and danger of extension of infection to parts both vital and far distant from the primary focus, it would seem to me that the logical conclusion to be drawn is that all accessible tubercular glands should be removed as soon as a diagnosis can be made, this to

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be followed by forced feeding, light out-of-door exercise, plenty of sunlight and country air, together with such remedies as seem indicated to build up the depleted tissues and wall off such areas as could not be reached by the knife or were not discernible at the time of operation.

CANCEROUS WART—CURED WITH ARSENICUM.

BY J. K. EBERLE, M. D., PANA, ILL.

Some twelve years since a woman then in her sixties consulted me in reference to an excrescence of a cancerous nature the size of a filbert, located on the lower edge of the right temple. I treated it with a caustic paste and it came out, leaving everything in excellent condition, so far as I could see. I had it out of sight and claimed it cured. But the sequellæ showed how vain is an external application when the dyscrasia which produces the abnormal condition is in the system.

Six years after this time a cancerous wart appeared one-half inch below the outer canthus of the left eye, possessing a more malignant appearance than the first, growing rapidly. All over her forehead were bran-like brown scales, these also appearing over the face in different places. These were accompanied with sharp pains, burning in character, running through the tumor and the forehead.

These few symptoms indicated arsenicum to me, I gave her one powder of the c. m. and placebo for one week. At the end of the week she called to report and to my surprise every bran-like scale had disappeared from her face and also the lance-like burning pains.

I concluded to keep up the effect of the remedy by putting her on arsenicum 6x three times a day, and had taken up the bottle to dish it out, when a little woman, a post-graduate of Hering Medical College, standing at my side, seeing what I was doing, caught my arm, saying, "Hold on, doctor, have confidence in the c. m. See what it has done in one week; continue with placebo." I obeyed the instruction and kept the patient on the placebo, repeating the c. m. every three weeks. In three weeks' time the growth began to dry up, one-half of it fell off; then some time after the balance of the tumor dried up and disappeared. Two years have come and gone, there is scarcely a scar to witness the presence of the tumor, the face is smooth and fair.

It is hard for one educated in allopathy to put his faith in c. m., one dose, and then placebo; he feels like giving more medicine right along. This case has taught me to stick to the law, if I call myself a homeopath, and try to treat my patients that way.

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Among the Journals.

CLINICAL EXPERIENCE.

Dr. Raymond del Mas, (*Minneapolis Homeopathic Magazine*) has the following report of his experience, prefacing it with a few remarks: He says:

"If it be true that epidemic-waves affect mankind at irregular intervals, we will find in our materia medica 'remedial-waves' more or less irregular, to cope with epidemic-waves in general. While half of our town was affected with smallpox last winter, and the other half left intact, this year the latter has suffered from smallpox and the former with diphtheria. The smallpox remedies called for this year were ant. tart., rhus tox. and sulphur — ant. tart. was the general remedy. It seemed to cover all the cases we had there. Rhus tox. was used but once and bell. preceded it. Sulphur closed the scene for some that were slow to recat. I must say that antimonium tartaricum given early and not below 1 m checked all cases that called for it in a magical way, so that the constitutional symptoms would be ameliorated at once and the eruptions limited to a few pimples that hardly ever suppurated. I have not seen a case of smallpox die this year. I was not here last year, but am told that all the patients that got allopathic dosing did so bad, that some died, and the others were forced to give up treatment. "It did not agree with them."

As to diphtheria, the remedies called for were: lycopodium, lachesis and mercurius. Lost two cases, but the reader will excuse me for trying to exonerate both homeopathy and the writer. These two cases were seen on the fifth day of the trouble and they died. Lyc. and lach. were the chief remedies, lach. being the leader. They both were used not lower than 1 m, not higher than 50 m. The latter potency did a better work than the former whenever it was used. It "pulled the child through" very much quicker.

One post-diphtheria trouble was cured with bry. 1 m., 3 p. given one every half hour. The little patient, a pretty girl of five, was complaining of "pains in her hands and feet, worse from motion and touch." Bry. put her up in three days. I must say that she was seen on her seventh day of laryngeal diphtheria and that lach. 20 m. cleared her throat in 24 hours—no membranes being left—and gave her a desire for food and amusement.

Mr. I. L., age 30. Married. Sept. 12, 1901. Pain (aching) in left lumbar region, due to overstraining. Worse on damp, rainy days; rest;

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morning on rising; better from motion, heat, while working. Rhus. tox, 50 m, 2 powders. Within 5 days patient said he was "all right."

Mr. K., age 39. Married. Nov. 27, 1901. Palpitation for last few months. Worse after supper, driving, smoking, and going to sleep. Better from motion. Diarrhea from change of warm to cold weather and from "sweets." Arg. nit., 1 m, 2 p. Patient cured in one week. He is still well.

Mrs. S. D., age 39. Mother of 11 children. Dec. 5, 1901. Lancinating, intermittent pains in both "hypochondria," extend along ureters to bladder. Has been troubled with that for about five or six years. It is getting worse now. She can't do her housework any more. Had to hire a servant lately. Pains worse before and after urinating, better during urination and lying down. Dragging pains before and after urinating; says she feels as though her bladder would come out — tenesmus — lancinating, cutting pains with the tenesmus. Frequent urination; urging to urinate or else urine will escape. Urinates once or twice nights. Patient is "chilly," has an "aversion to milk," is thirsty for "cold water" which is worse in evening, and is generally worse from exertion and better from rest. Canth. c m, 2 p.

Dec. 16, 1902.— Patient has an aggravation half an hour after first powder. Felt so sick for two or three days that she could not sweep the floor. But the pains left her suddenly in both "hypochondria," then the ureters followed suit, but the bladder is still paining her; and today she reports that, although her frequent and urging urination is much better, tenesmus still exists "after urinating." Canth. c m, 1 p.

Dec. 29, 1901.— Patient enters the office smiling. She feels no more pains since the 20th. She had no "aggravation" this time. She wants some more of that "medicine" that she may be made "well for ever."

As the patient was "cured" and complained of an intermittent, burning pain over sacrum since she fell on the ice three years ago, while pregnant, she did not receive canth., but arnica instead, the 1 m. potency, 3 p.

The patient is still well, and her sacrum also.

Up to a year ago I practiced allopathy and thought I could do well at it, but I fail to see yet how I would have managed the last case reported above. I am still astonished at the rapidity of the cure, and should any of my old comrades read this report, he undoubtedly would recommend me to the care of my old professor of mental diseases. But I am satisfied the light has fallen upon my path. Homeopathy is grand but hard to deal with. It is harder to find the similimum than to couch a string of crude drugs on an allopathic prescription blank, and it is also difficult at times to select the potency that will work on a plan similar to the derangement present in the vital economy.

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ANTITOXIN.

We have not seen during our editorial career a better presentation of this subject, than the following from the pen of Dr. J. Wolfe (*Wisconsin Medical Recorder*). Is it not strange that physicians will not use carbolic acid one-eighth of one per cent. hypodermically in some of these cases, and watch its effect? The serum of most of the manufacturers was formerly kept by this acid—now it is preserved by trikresol. This trikresol is a clear, colorless, very strongly antiseptic compound of the three cresols, and the cresols—orthocresol, metacresol, and paracresol—are obtained from coal tar the same as is carbolic acid, which drug they simulate in their action. Cresol is represented by the following formula, C_7H_8O, and carbolic acid by C_6H_8O. The action is precisely the same with the exception of a stronger germicidal power being possessed by the cresol. Read what Dr. Wolfe has to say:

"Antitoxin affords a very fine illustration of the peculiar element in human nature which makes men of a certain nature stubborn and determined, just in proportion to the degree they are wrong. Many of the pages of ecclesiastical history dealing with the rise and spread of ideas, are written in the blood of the victims of men who were willing to wage a war of extermination against the race, sooner than allow the light of truth to shine out and dissipate the mist of error, the sophistries of reason by means of which they held place and exercised power over the credulous masses. What, renounce error and admit that they were wrong and consequently no more infallible than those they governed with the iron hand of arbitrary authority? Never! Better that the human race march through another red sea of human blood, than escape the dominion of the orthodox.

"Antitoxin is an invention of the human mind, and it must have been a very weak mind at that. It was evolved from the 'inner consciousness' and has no relation to facts. It possesses no therapeutic properties, except those of the carbolic acid or other antiseptics in it. It has never been demonstrated that the serum alone has any power to neutralize the poison of diphtheria, as the serum has never been given without the antiseptic. The profession has been required to accept the antitoxin powers of the serum entirely on faith.

"All sane logic refutes the possibility of poisoned horse serum, depraved by a septic process going on in the animal having any power to control the symptoms of disease. The youngest and most inexperienced physician in the profession knows that carbolic acid and antiseptics in general possess such therapeutic properties which are especially marked in infectious diseases, such as diphtheria, scarlet fever, etc.

"Men who have thrown prejudices aside and have taken an honest

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and scientific view of the whole matter in making comparisons between the clinical effects of antitoxin and solutions of carbolic acid, (one-eighth of one per cent.) have found them identical. Other antiseptics have been employed with even better results. The conclusion is irresistable, that the majority of physicians who continue to uphold and exploit antitoxin, do so in the same spirit, and for the same purpose that caused the ecclesiastics of old to defend the doctrines and fiat of church authorities to the bitter end. The world did not move around the sun for many of these wrong-headed exponents of orthodox science for years after the secular world was basing many of its calculations on that fact, and antitoxin will not be regarded in its true light as merely tainted horse water, more or less preserved by the antiseptic combined with it, until it shall have ceased to be a tool for the exercise of power by health boards as source of profit to manufacturing inrerests and a means of scientific pretension and self-advertisement to medical pharisees in the profession who depend upon pedantry and fads which impress the credulous to obtain them patronage, instead of real knowledge.

"I am informed by good authority that a Philadelphia doctor is doing his utmost to have a law passed requiring all school children to be inoculated with diptheria antitoxin before they are admitted to the public schools. A cause must be very desperate indeed, when people have to be coerced and compelled to accept it in such a way as this. A child must be injected with a poisonous horse serum, or go without an education.

"The true physician thinks of his arduous duties, his constant study over perplexing medical problems, his gradually acquired knowledge of drugs, symptoms and the laws of health. When he looks at a bottle of horsewater with its trace of antiseptic truth—carbolic acid—he reads the exorbitant price asked for this humbug invention, he hears the imbecile scientific prattle which supports its claim, the agitation of unjust and oppressive laws appealed to in support of frauds, and he laughs long and softly to think 'what fools we mortals be.'"

THE DOCTOR'S PLACE.

The *Philadelphia Medical Journal* never stated a more important fact to the profession than when it recently reminded us that "We should never cease to scout the idea that the doctor has no business in politics. The doctor has business everywhere." And what is more, we can truthfully add that the doctor knows how to attend this business most efficiently, provided the right kind of a doctor has been selected.

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Dr. Leonard Wood is such a one and President Roosevelt never made a happier selection than when Dr. Wood was appointed governor of Havana. Not only Havana, but all Cuba owes a debt of gratitude to Dr. Wood, not only for his executive ability, but also for the medical knowledge which has practically obliterated yellow fever from the whole island — a greater boon than even independence.

Another physician who bids fair to bring credit to himself and his profession is Dr. Johh McGaw Woodbury, who has recently been appointed Street Cleaning Commissioner by Mayor Seth Low of Greater New York. All sanitary appointments should be filled by honest and capable physicians, not by political hacks, who seek the place for "what there is in it." And the rule holds good not only for the larger cities, but for towns and villages as well. Wherever the general health and hygiene of a community or county needs looking after in any way by a paid official that official, ought to be some regularly licensed physician living in that community. Unsalaried work of this kind is by common consent loaded upon the doctor, but when it rises to the dignity of salary it is usually turned over to some "practical politician" who has neither the requisite knowledge nor the honesty to faithfully administer his trust.

How can the change be made? Only by agitation. So long as the profession is willing to take meekly what crumbs the politicians and hospital managers are willing to let fall from their tables so long we will get nothing better. Is your city dirty? Are its sanitary laws and the administration of its medical charities a stench before high heaven? Then kick, brother, kick with care, and keep on kicking the tenderest spot in the body politic until it rouses from its trance and sick babies and tired mothers have a chance for life, liberty and the pursuit of happiness.

This ought to be the religion of every honest physician, whatever his creed. To all such we commend the following words from Dr. H. L. Russell, which well deserve your deepest consideration: "You labor ceaselessly at the unremunerative and thankless task of conserving the public health and preventing the spread of epidemics and pestilence when you ought to be well paid for your efforts. * * * The laity can be taught to respect us just so far as we respect ourselves. They never will respect us so long as they can make us remain a political cipher. The fault is ours more than theirs. * * * 125,000 men need not beg for legislation."—Editorial in *Chicago Clinic.*

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Materia Medica and Therapeutic Hints.

Sambucus.—The sambucus cough is hollow, deep, worse about midnight, and in crying children suffocative.

Phosphorus.—This drug is adapted to those tall, slender people, with fair skin, auburn hair, a decided blonde, whose natures are extremely sensitive and are quick-witted. These people are inclined to grow rapidly, and prone to stooping.

Leptandria Virginica.—Culver's physic, or black root is one of those indigenous remedies which has a special affinity for the liver and in congestion of the organ when accompanied with a chronic diarrhea is particularly effective. The stools are black and fetid, with considerable abdominal pain.

Lachesis.—The aggravations of lachesis are: After sleep; on rising; in the morning or evening and open air. The throat and body are worse from contact, patient cannot bear the least constriction around the throat or body. The aggravation in the text-book is not stated just right. It should be, the patient sleeps into an aggravation which arouses him.

Graphites.—Do not forget that graphites is one of the best, if not the best, remedy we possess in erysipelas and the more difficult it is to find the remedy for any particular case the more surely is it indicated. In those cases where there is a tendency to relapses or where new centers of infection appear it stands above all the other remedies of the materia medica.

Kali carbonicum.—This is a splendid remedy in diseases of women. The menses are too early, too profuse and last too long; discharge acrid, odor pungent and accompanied with severe aching in the small of the back. It has the reputation of being frequently the only remedy needed to bring back health to a woman who makes a bad getting up. The pains of kali carb. are especially characteristic, being sharp, stitching pains felt in any part of the body. The pains remind one of bryonia.

Sulphur.—Fahnestock says the sulphur patient belongs to "the army of the great unwashed." It is a nice way of saying that the dirty people, whom water aggravates, who possess a dread of bathing, and whose skins are liable to various eruptions are sulphur patients. Sulphur is a most precious remedy. It comes into use in nearly every case where the reaction is not secured, where the right remedy has been prescribed and there is no response. It is here that sulphur is the doctor's friend.

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Bad Colds.—For the benefit of those members of the profession who are on the outlook for improvements on the methods of by-gone days, I venture to offer a single remedy for the treatment of a "bad cold." Gelsemium is not only useful in those cases which would recover without medication, but is also efficient where formidable symptoms are present, and, judiciously employed, may be the means of averting an attack of pneumonia, pleuro-pneumonia, pleurisy or other serious disease beginning in the form of a bad cold. Gelsemium arrests profuse nasal secretions, quiets headaches and neuralgia, subdues cough and pain, favors a re-establishment of the secretions, through its influence upon the skin, kidneys and gastro-intestinal tract.—*Chicago Med. Times.*

Guaiacol Inunctions in Tuberculosis of Childhood.—Dr. Rachford (*Archives of Pœdiatrics*, December, 1901) calls attention to the following formula published by him (*Ohio Medical Journal*, May, 1894) eight years ago for use as an inunction in the tuberculosis of childhood. He has since used it repeatedly during that time in many hundreds of cases, and is more than ever convinced of its value:

℞ Guaiacol..... 1 drachm;
Lanolin..... 2 drachms;
Lard..... 5 drachms.

M. One level teaspoonful to be rubbed into the chest at bedtime each day.

To Guard Against the Bite of the Mosquito. — McIntosh recommends an application for this purpose in the *Medical Record* of November 16, 1901, which he has used for some years when out fishing or hunting in swamps where mosquitoes are prevalent, and in the evenings when sitting out-of-doors, and which he has found to be most excellent and efficient; it is the oil of citronellæ (oil of verbena, Indian melissa oil). It has a very pleasant odor, and is not expensive. The oil should be rubbed into the exposed parts, and repeated occasionally, or the following is quite as efficient:

℞ Oil of citronellæ, ℥j;
Alcohol, ℥j.

S.: Apply freely to face, neck, hands, and ankles, to prevent mosquitoes from biting.

This is colored with something to make it slightly green.

Ichthyol.—Dr. C. T. Spangler in the *Medical News* for December 21, 1901, reports very favorably concerning the use of ichthyol in tuberculosis, in which he has found it to yield admirable results. The odor, taste and eructations can to a large extent be avoided by giving the drug in capsules, and if eructations persist, it should be given only after

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breakfast and at bedtime. After the first few weeks of its use, the patient's cough lessens, and the sputum loses much of its density. It is of little value in the acute complications of consumption, and should be suspended at such times. In cases in which obstinate cough and inflammation of the upper air-passages follow influenza, the patient should be put on ichthyol at once instead of delaying its use until tuberculosis is marked. The writer has found ichthyol of value in tuberculosis, and to avoid the unpleasant effects of the drug itself, has found ichthalbin, an albuminate of ichthyol, to be a most efficient substitute, exerting the characteristic action of the drug without the disagreeable results incident to its administration.

Sulphuric Acid to Remove Ceruminous Plugs.—In dealing with impacted cerumen, says Meierhof (quoted in *Medical Review of Reviews* Sept. 25, 1901), difficulty is at times encountered with the syringe in removing the mass. There is temptation to employ force, with a consequent danger in the sudden removal of the plug, which would damage the tympanic membrane. To aid in removing these plugs, various substances have been employed to soften or to partly dissolve the mass. Alcohol, glycerin, and the various salts of sodium have been used, and also, of late, peroxide of hydrogen. Meierhof has tried all these solvents, but not with the success that he had with undiluted sulphuric ether poured from a small bottle or from a suitable pipette into the external auditory canal. The ether acts in a few seconds, partly dissolving the cerumen from its attachment to the canal, so that with the most gentle syringing the plug is promptly removed. No dizziness or other ill effect has been seen from the use of the ether. If there is any hesitancy to employ pure ether, there is recommended a mixture of equal parts of ether and alcohol.—*The Therapeutic Gazette.*

Oxidation.—It is the explicit teaching of physiology that the amount of oxidation taking place in the system, at any given time, is greatly influenced by the state of the external temperature. It is at its maximum when the external temperature is from forty to fifty degrees below that of the body, so that the heat, interiorly produced, radiates freely into the surrounding air. When the external temperature equals or exceeds that normal to the body, a powerful incentive to oxidation is lacking. The result is not only a diminished amount of vital heat, but a notable deficiency of other necessary forms of chemical energy inseparably associated with heat production. Hence to subject the body to a degree of heat sufficient, in any form, to induce perspiration, instead of increasing the production of eliminative matter, positively lessens it. Cold, on the contrary, promotes oxidation by inciting muscular action, thereby making an increased demand for the chemical union of oxygen for the

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double purpose of the heat constantly lost by evaporation, and of preparing new, nutritive material to take the place of that destroyed by the muscular effort it (the cold) has induced.—*Charlotte Med. Jour.*

White Wood as a Cure for the Tobacco Habit.—According to the *Eclectic Medical Journal*, the Liriodendron tulipifera, also known under the names of white poplar and white wood, is probably the largest of the lumber-producing trees native to this country, excepting, of course, the giants of California. The inner bark has been used to a considerable extent, in years gone by, as a domestic remedy for malarial conditions, or infused in whisky as a tonic or bitters. This bark also constitutes a very efficient cure for the tobacco habit. The fresh, inner bark may be chewed, or the powdered bark may be mixed with sugar and extract of licorice, and pressed into a tablet, say of five grains of the bark. These tablets are to be allowed to dissolve in the mouth whenever the desire comes to take a chew or a smoke. The man who made the discovery cured himself, and he was a most inveterate chewer. He also give it to dozens of his friends, with fine results, finally selling his receipt to a large drug house for fifteen hundred dollars. While the remedy is cheap, it is also harmless, and at the same time a fine stomachic, resembling gentian in its action upon the gastric organs.

Verbena in Epilepsy.—In answer to your query regarding any late findings in verbena hastata, I would say that as quite a number of the patients I have used it on live at a distance, and some I have never seen, I have been unable to follow its minute workings and physiological action as closely as I would like; but it is proving itself decidedly valuable, and I am having the same good results as the months go by.

It is not only proving almost a specific in epilepsy, but in many respects has an action similar to passiflora incarnata; and is indicated in nervous tension, mental exhaustion, insomnia, etc., acting as a soporific, antispasmodic and sedative, but having no anodyne properties.

In physiologic effect I have discovered but little. On some cases, where habitual constipation has been present, large doses tend to the opposite effect.

In dosage the same rule applies as in antitoxin for diphtheria. Be sure and give enough. As stated in my previous papers, I always seek for and try to remove the actual cause, if there be one, when treating epilepsy; and verbena hastata does the rest.—H. D. Fair, M. D., in *Alkaloidal Clinic.*

The Vaccination Wound Must be Treated in a Surgical and Scientific Manner.—Such is, we take it the one clear and admitted result of our recent experiences. The public must be thoroughly educated in this highly important matter. Self-vaccination should be absolutely forbid-

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den and the physician whose neglect of the proper precautions and after-treatment permits tetanus or other infection is blameworthy. In the report of the Camden board of health the tetanus cases are said to be due not to the character of the virus but to the distribution of the desiccated tetanus germs by the wind. How, then, did they gain access to the wound? As the committee report, "by the neglect of the patients to present themselves to the physician so that the wound could receive proper attention." In all the cases the wound was exposed by the scab being knocked off or removed, or else the arm had been injured and infection resulted. Frequently children scratched the wound and infected it in this manner. "Tetanus or other infection can never occur if the vaccination is properly protected from contact with the atmosphere, or with soiled clothing, bandages, etc." In a word, the vaccination must be regarded as a surgical operation, and its after-treatment should be under the physician's direction. There will then be no tetanus or other complications. The principles of aseptic surgery are as imperative in this as in any other wounds or operations.—*American Medicine.*

Bill of Fare—Constipation.—*General Rules.*—Use foods that leave a bulky residue to stimulate the muscular coat of the intestines.

May take soups, broths, oyster soup, sorrel soup.

Fish.—All kinds boiled. White sorts broiled; sardines in oil.

Meats.—Most kinds, poultry, game, etc.

Farinaceous.—Brown or graham bread, ginger bread, oatmeal porridge, bran bread, bran pudding, whole meal bread, corn bread, rye bread, wheaten grits and Boston brown bread.

Vegetables.—Most fresh varieties, well boiled. Spinach, boiled onions, brussels, sprouts, cauliflower, salads with oil, lettuce, asparagus, tomatoes, salsify, celery, corn, beans, peas.

Desserts.—Blackberries, strawberries, huckleberries, blueberries, figs, prunes, tamarinds, baked apples, oranges (on rising), melons, grapes, raisins, stewed fruits, apples, peaches, pears, cherries, prunes, honey or treacle. Fruits should be eaten between meals; if raw fruits disagree, they should be cooked.

Beverages.—Glass of water, preferred hot, drunk on rising (add salt to taste). Pure water in plenty, black coffee, lemonade, coca, beer, ale, unfermented grape juice, cider. *Mineral Waters* (or their salts).—Richfield Springs, French Lick (concentrated), Bedford, Saratoga, Hunyadi, Carlsbad, Rubinat, Friedrichshall, Kissingen, Villacabras, Puelina. Carabana.—*Regular Medical Visitor.*

How Diphtheria is Spread.—From time to time there are reported incidents which display the profound ignorance of many of the poorer classes with regard to the spread of infectious diseases. In the case of

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diphtheria it often happens in the heart of London, as elsewhere throughout the United Kingdom, that numbers of children visit the body of a playmate who has died of that terribly infectious disease. Again and again official investigation has shown that social gatherings in infected houses has been one of the active causes in fomenting an outbreak. Sometimes a prayer meeting is held in the house of the bereaved friends, but we are glad to learn that the custom is being abandoned among the miners of Dowlais, under the advice of Dr. Thomas, the Merthyr Medical Officer of Health. That gentleman states, however, that the practice of viewing the body of the infectious dead is still very common. In some instances he had heard of the children of neighbors actually being allowed to kiss the dead body. Comment on such a state of affairs is needless. How are the poor to be educated on such matters, which are of vital importance to their own welfare? A general knowledge of the laws of health and of diseases, with special attention to infection, should form part of the education of every school child. At any rate it cannot be too widely known that it is unwise to kiss anyone who is suffering with, or has lately recovered from, a sore throat of any kind whatever. —*Medical Press and Circular.*

Atropin.—Atropin has recently been quite frequently recommended for intestinal obstruction, and in *American Medicine* for December 21, 1901, Dr. Boardman Reed reminds us that the predominant action of atropin upon the peristalsis in such cases is that of an antispasmodic. It relaxes spasm, and it is by overcoming these spasmodic contractions in the serious condition of intestinal obstruction that the belladonna preparations effect their curative results. Until quite recently the fact that constipation in hysteria or neurasthenic patients is often of spastic origin was not understood. A peculiarity of this form of constipation is that active purgatives frequently fail to open the bowels, or only succeed after an undue amount of irritation, while antispasmodics, such as belladonna, the bromids, or even opium often readily produce copious evacuations. Another way in which belladonna may aid in overcoming constipation is by restraining the excessive secretion of H Cl in the stomach, a condition which interferes with defecation in several ways. He warns against the indiscriminate administration of belladonna in constipation for long periods in the absence of any exact knowledge as to the secretory functions of the stomach. A depressing action upon the glands which secrete H Cl is well enough so long as those glands are functionating excessively, but does much harm in the opposite condition, besides gradually lowering the motor power of the stomach in both cases. Hence the harmfulness of allowing patients to take indefinitely

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laxative remedies containing belladonna, such as the familiar aloin, strychnin and belladonna pills.—*Cleveland Medical Journal.*

The Etiology of Acute Tonsilitis.—There is no room for doubting that the vast majority of cases of acute tonsilitis are of bacterial origin. Staphylococcus pyogenes aureus and albus give rise to about 30 per cent. of the cases, while the remaining 40 per cent. are usually put down to the credit of the streptococcus. Observations made in 2,000 cultures showed that there was a tendency at first to consider every organism that showed cocci in a chain arrangement as streptococcus pyogenes, and small cocci in bunches as staphylococcus pyogenes; likewise bacilli arranged parallel and showing transverse striations generally passed for Klebs-Loffler bacilli. It is probable that most bacteriologists have made the same errors. The anginas are classed as follows: (1) Those caused by pneumococcus, the largest and most important group. (2) Those caused by the diphtheria bacillus. (3) Those caused by the streptococcus pyogenes. (4) Those caused by the diplococcus scarlatinæ. (5) Those caused by the influenza bacillus. (6) Those caused by the staphylococcus pyogenes. (7) Mixed infections, two or more of the above germs being present in a given case. There is good reason to consider the pneumococcus as the causative factor of a large percentage of the fevers of childhood, and that the angina caused by this organism has been generally overlooked, especially in very young children. The contagion from a case of scarlatinous sore throat is capable of giving rise to typical scarlet fever in another person who has been exposed to it.—*Arch. of Pediatrics.*

Diet in Smallpox.—According to N. S. Davis, Jr., anorexia, thirst, and vomiting are noteworthy symptoms at the onset of this malady. Vomiting is usually not of frequent occurrence. Cool drinks should be given; indeed, water should be administered freely in all stages of the disease, both because it adds to the comfort of the patient and because it will help to avert nephritis, which is an occasional complication. Febrile albuminuria is common. A liquid, non-albuminous diet will lessen or stop it. During the febrile stage a liquid diet, such as is usually prescribed in acute fevers, should be given—milk, broth, gruel, etc. Often the mouth and throat are so sore from the eruption that swallowing is difficult. Food must then be given in small portions at a time. Ice and ice-cream are often grateful to patients at this time. Sometimes swallowing is so painful that rectal alimentation must be resorted to. It should not be relied upon longer than is absolutely necessary, for when suppuration takes place upon the skin prostration develops rapidly, and is often very great. It is, therefore, necessary to give food by the mouth as steadily and in as large quantities as possible.

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Rectal alimentation must occasionally be utilized in order to help maintain strength when the stomach will not tolerate or digest food enough. Milk should be the staple article of diet. Gruels, weak tea, Mellin's food, farina, and similar articles may be employed for variety. If there is no albuminuria, or if it is only trifling and transitory, bouillon, broths, raw or soft-cooked eggs, custards, and such dishes may be used. If digestion is fairly good, as it is in mild cases, milk toast, soft-boiled rice or oatmeal, cornstarch pudding, blanc mange, gelatin jellies, finely-mashed potatoes with meat-juice squeezed upon it, may be given, and will be relished. In the severer cases these articles may be given only during convalescence.—*Medical Times.*

Prostatic Enlargement.—The first indication of treatment, especially where the tendency to vesical irritation is as yet only threatening, is prophylaxis—warm clothing, flannel abdominal binders, protection against cold and dampness, and thick-soled shoes, with inner soles of cork, impervious to moisture. The dry warmth of an open fire will be found comfortable. The amount of fluids taken by the mouth should be moderate. None should be taken in the latter part of the evening, before bedtime. The patient should be instructed to pass his water at regular intervals, and when obliged to urinate during the night he should rise from his bed and pass his urine in the upright position. Patients are often permitted to remain in bed supine and to pass water into a urinal. This, I think, is a mistake. In this posture the water is apt to be imperfectly voided, and some portion often remains as residual urine. The bladder is thus not entirely relieved—indeed, the retention of residual urine would seem to be favored. The sleep following such practice is not the sound and refreshing sleep which one afflicted with urinary irritation so imperatively requires. In all bladder irritations dependent upon senile prostatic hypertrophy, an important indication of treatment, and one which greatly affects the man's comfort, is a free evacuation of the contents of the lower bowel. Especially is this the case when mechanical sluggishness of the bowel occurs dependent upon backward prostatic pressure. In most instances, the daily morning evacuation can be readily insured by the exhibition of a cascara pill or tablet, from three to five grains, or other gentle laxative, nightly at bedtime. Then, in the morning, after breakfast, as the patient goes to stool, he should throw into the rectum just above the anus a small injection of one drachm, half glycerine and half water. The syringe best suited for this purpose is a hard-rubber urethral syringe, with a nozzle an inch long. This will usually act immediately, producing a satisfactory and easily voided stool, without the unnecessary prostatic irritation which may attend the use of a large enema.—*Therapeutical Gazette.*

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Puerperal Fever.—To prevent puerperal fever, get your patient in good condition before labor, that is keep her general health good and just before labor move the bowels thoroughly. Then instead of waiting until labor comes on spontaneously, I calculate closely the time of labor, counting nine months from the beginning of the last menstruation, adding a week or ten days, then giving a dose of oil at night, and as a rule labor will be induced next morning. Knowing pretty well when the labor is to take place, the nurse and doctor are on hand, and accidents are less likely to happen and emergencies promptly attended to, and the patient can be gotten into a condition of perfect cleanliness without haste. A complete bath is given unless otherwise indicated, even her hair is washed. The nurse goes through the same process. She should have nothing on her body that cannot be boiled. Everything about the patient's bed is boiled. The doctor is supposed to take a bath the night before, especially if it is an important case where some surgical interference is likely. He should be clean personally and have clothes that are clean. Occasionally when I could not have a fresh suit, I would put on a dress suit so as to be personally clean. Even before labor begins the nurse puts on fresh clothing, changes bed clothes, and the doctor puts on his linen gown, touches nothing that is not clean and washes his hands with running water, soaks them in solution 1 to 3000 bicholride and the nurse must do the same. Nurses must not pick their nose or scratch a pimple, etc. He washes his hands every time before making an examination, and the nurse must not change a dressing without washing her hands. If one carries out this method to the letter he will be sure of success.—Dr. W. Gild Wylie in *Charlotte Medical Journal.*

Phenic Acid in Diphtheria.—Six months ago I received a telegram to go to Long Grove to see a case of malignant diphtheria. My brother, Dr. M. C. Waggoner, was requested to go along with me. Not having any fluid antitoxin on hand, I told my brother I thought we would get better results with nascent phenic acid, since in diphtheria we have a poisoning of the system with the ptomaines of the Klebs bacillus, but no germs are absorbed into the system, simply the leucomaines and toxalbumins. He reluctantly consented to take a bottle of phenic acid and not order antitoxin. We visited the patient, a man about 5 ft. 7 in. in height, weight 290, with diphtheria in its worst form. The patient had already received injections of antitoxin, twenty-four hours previously, without any appreciable effect; the membrane involved the throat, tonsils, palate, naso-pharynx and inside of cheeks. The patient was unable to swallow, breath very short and heart-action weak, pulse 140. Gave 120 minims hypodermically in the abdomen, and whisky *ad libitum;*

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returned home. Next morning visited patient and repeated treatment. When we arrived home my father had ordered 4,000 units antitoxin for us, said we were fooling with the life of a good man by our experiments, and gave us a good "calling down." Well, so be it, we again visited the patient, took the carbolated horse-serum along that he had ordered for us, found membrane all gone and the patient on the road to recovery. We did not use our horse-serum, and the patient made an uninterrupted recovery, with some paralysis of the larynx afterward, which responded to gelsemium. The patient had been given up to die by a good physician, who treated him before we saw him, with antitoxin. Our experiment proved to be a God's blessing.—M. R. Waggoner, Jr., M. D., in *Alkaloidal Clinic.*

The Differential Diagnosis of Smallpox and Chickenpox.—In a letter addressed to a contemporary, Dr. G. S. Perkins calls attention to a simple means of distinguishing chickenpox from smallpox, which deserves to be more widely known. He points out that the vesicles in chickenpox are unilocular, whilst in smallpox they are multilocular. The practical result of this pathological fact is, that, if a chickenpox vesicle be pricked with a needle its contents can be completely evacuated and the cell will collapse, whereas in smallpox if one makes twenty pricks with a needle the vesicle will not collapse, because, being multilocular, it is impossible to empty it. There are of course, many other points of difference between the two; indeed, smallpox is only likely to be mistaken for the less serious malady when the practitioner is not alive to the possibility of a mistake in the diagnosis. In smallpox, even in its modified form, varioloid, the initial constitutional symptoms are early and well-marked, with a considerable rise of temperature and cerebral disturbance. In smallpox the eruption is most abundant on the face and limbs, whereas in chickenpox it is most abundant on the trunk, and its distribution is more discrete and general. Moreover, in chickenpox the eruption appears in crops and not, as in smallpox, within a few hours of the first appearance of papules. Then, too, there is the characteristic fall of temperature on the appearance of the vesicles. An absolutely characteristic feature of chickenpox is the appearance on the body of vesicles of different degrees of evolution, some being fully matured, while others have just made their appearance. In spite of these usually very distinctive features cases now and then occur in which even the most experienced may hesitate to formulate a definite opinion. In such cases twenty-four hours' observation will almost invariably clear up the mystery, and allow of a correct diagnosis.—*Medical Press and Circular.*

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Phosphorus in Pneumonia.—In recent issue of the *Medical World* is a "test case" and the invitation for its readers to prescribe for this case. Not a few of the answers have been to the point and from the homeopaths almost all have said phos. Some in a high and some in a low dilution, and some of the allopathic members of this discussion have also said "use phosphorus."

Nearly all of these answers have been made symptomatically, but a few have been made from experiences founded upon clinical results. These latter have come from the old-school members, and they are not ashamed to acknowledge the good work the remedy has done. Some of the prescriptions given were, well, to say the least, heroic. There is no remedy that will act so promptly and so satisfactorily in those cases of pneumonia where the sputa is blood or rust colored, the pulse full, bounding and labored, where the blood is impeded in its course through the lungs and the right side of the heart seems almost ready to cease its efforts from sheer exhaustion, the expression of the face is anxious, or beyond this stage dull and listless, but the mind is uneasy and the whole condition nervous and restless. On the other hand, this remedy is of little value where the stage of exhaustion is reached and where the heart seems to be worn out from an unequal struggle. In other words, it is of no value where the lack of circulation is on the right side of the heart, nor before the stage of red hepatization is reached. The potency of this remedy seems to amount to but little; some claim most excellent results from doses of one-thirtieth grain, while others claim their best success is obtained from the use of the thirtieth decimal dilution. It is contended by many that phos. loses its virtue unless potentized in glycerin, and then made fresh shortly before administering. Others have the best of results with the remedy prepared otherwise.—*Clinical Reporter.*

Diagnosis of Insanity.—There are many persons about whose mental integrity differences of opinion may be rationally entertained; some of whom, at least, may be insane. A noticeable change of personal characteristics that cannot be accounted for by ordinary influences—delusions, or the adoption of beliefs that are not only without evidence, but contrary to evidence, of the error of which the person entertaining them cannot be convinced by argument or demonstration,—and a certain degree of loss of self control, characterize a large majority of insane persons brought to the attention of physicians for diagnosis or treatment. Such symptoms justify the inference of abnormal conditions of the thinking organs, because unusual or unnatural to the person. A man may be a fool, but being like himself, may not be insane. Fools are defective, constitutionally, but may be sound. A person may be fanati-

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cal, chimerical, egotistic, intolerant of others' opinions and conduct, preach false doctrines, and believe in lies, yet not be insane. A constitutional crank may do violence to common sentiments of humanity, outrage society, instigate crime, shoot a President or stab a Queen with apparent malignancy or erratic impulsion, and still be a person of "sound mind," physiologically considered. The evidence of such physiological soundness is in the consistency of the beliefs and acts of such persons all along the lines of their development as degenerates — unchanged, otherwise than by degrees incident to age and experience. Such was the "badly arranged" man Guiteau. Insanity may be successfully imitated for a time, but simulation cannot be maintained without detection for a great while, under constant, or skilled, observation. The pretender generally overacts his part when under observation, and forgets it when he is not. Insanity is differentiable from intoxication and the transitory deliriums of disease by commemorative circumstances.—Dr. Orpheus Everts.

The Nutritive Value of Alcohol.—Two experienced investigators have lately given to the world their conclusions on the subject of the nutritrive value of alcohol, and unfortunately the two conclusions are absolutely contradictory. R. O. Neumann, in the issue of the *Muncheneer Medicinische Wochenschrift* of July 2, 1901, considers that there can be absolutely no question as to the nutritive value of alcohol, and in his opinion alcohol is a true food. On the other hand, H. J. Beyer, in the *Boston Medical and Surgical Journal* of August 22, 1901, proclaims his conclusion that alcohol has no nutritive value whatever, but on the contrary that it causes an abnormal destruction of the protoplasmic constituents of the body. He recommends its use only for the sake of its temporary stimulant effect in cases of extreme fatigue. Beyer bases his findings on the experience he had with five battalions of infantry and 2300 coolies maneuvering under a tropical sun in a country infested by malaria, the issue of alcohol having been withheld throughout the duration of the expedition, which lasted five months. The conclusions of Neumann are founded upon the results of certain experiments to which he subjected himself. The results of his experiments were practically the same, demonstrating that alcohol is a true food, although not capable of taking the place of fat in every respect. From an examination of Neumann's experiments it is difficult to deny the albumin-saving property of alcohol, and his views have received full support from some personal experiments carried out by Clopatt, and set forth in the *Scandinavian Archives of Physiology*, Nos. 5 and 6 of this year. It must be clearly understood, however, that although, according to Neumann and Clopatt, alcohol has an alimentary role, it

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must not be recommended for use as such, because it is also a poison when taken in what in ordinary language is termed moderate quantities. There are a sufficient number of scientific arguments against the abuse of alcohol without absolutely denying that alcohol is a food, because, in the face of modern research, this would certainly appear to be proven. —*Medical Press*, Sept 4, 1901.

The Treatment of Gleet.—In membrane-prostatic catarrh the most reliable remedy will be found in one of the salts of silver, nitrate of silver, from one-half grain to twenty grains to the ounce; five to fifteen drops of the silver solution being instilled into the deep urethra twice a week, the strength of the injection being gradually increased. The solution should not be allowed to flow forward into the anterior urethra.

Glandular urethritis: One of the most satisfactory methods of treatment for this obstinate condition is internal urethrotomy, being sure to adhere to the roof of the urethra and cut in the median line. The resulting scars tend to atrophy the glands.

Congested patches are best treated with the aid of the urethroscope. The red patch is brought into view and swabbed with nitrate of silver, two to eight grains to the ounce, then dried and swabbed again with glycerine. This should be repeated once a week.

Chronic inflammation of the seminal vessicles calls for massage and requires the utmost gentleness. The method advised by Fuller should be followed. If the patient shows evidence of tuberculosis or epididymitis, this method of treatment is contraindicated.

Finger, of Vienna, suggests the nitrate of silver and sulphate of copper in gleet of gonorrheal origin. In recent cases, where gonococci are yet present, nitrate of silver should be employed; in inveterate cases, where no gonococci are present in the shreds, the sulphate of copper will often prove effective.

In all cases it is best to begin with solutions in order to test the reactive power of the urethra.

In chronic gleet the use of picric acid must not be forgotten. The drug is used in a solution of 1-200 or 1-100. It is generally forced past the compressor urethræ muscle by means of a deep urethral syringe or catheter. The quantity used is from ten to six drops. If the fluid enters the bladder no harm can result.—*J. Hubley Schall, M. D., in Med. Times.*

The Treatment of Inoperable Cancer.—Professor Czerny (Heidelberg) read a paper at the recent meeting of the German Surgical Congress on the treatment of inoperable cancer. He estimated that about seventy-five per cent. of known cases of cancer were inoperable, and that in Germany nearly 40,000 patients died yearly of this terrible dis-

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ease. The treatment of inoperative cancer was, therefore, a most important question, and one which had not received sufficient attention. It was to be regretted that at the present day many surgeons lost interest in a case of incurable cancer, so that as there was no radical remedy nor operation for it, the patients were allowed to fall into the hands of quacks. Cases in which ulceration had occurred called in particular for skilled treatment. By careful bandaging and by keeping the ulcers clean much might be done to relieve the patients. The application to such surfaces of zinc chloride, by the use of gauze bandages dipped in solutions varying in concentration from ten per cent. to saturation, had a very good effect, and in some such cases recovery even took place under this treatment. Of course this was very exceptional, but in nearly all cases the patients were considerably relieved. In suitable cases the use of zinc chloride in solution or paste should be preceded by cauterization or scraping. For cauterization he preferred the actual cautery. The pain produced by the corroding action of zinc chloride did not last long, and could easily be kept within moderate limits by morphine. Subcutaneous injections of solutions of formalin were too painful. Sometimes arsenic had a remarkable effect upon these cases; it could be given internally, as by subcutaneous injection, or used as a paste or ointment. Potassium iodide was of value for the verification of diagnosis. After mentioning different applications, ointments and lotions which had proved themselves of value as palliatives, Professor Czerny stated that organotherapy had not given him satisfactory results, but he considered the treatment by the toxins of erysipelas was worthy of careful study in order that a definite opinion on its value might be formed. The mortality due to cancer was increasing, especially in the densely populated towns, as that produced by tuberculosis was diminishing. In conclusion, Professor Czerny suggested the erection of a German cancer hospital after the example of the English cancer hospital, of which he gave a brief description. The discussion was not productive of any novel views, but it was pointed out that the corroding effects of zinc chloride were sometimes attended by the danger of destroying the walls of a blood-vessel, with consequent serious bleeding.—*British Med. Journal.*

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THE MEDICAL VISITOR

WILSON A. SMITH, M. D., EDITOR.
GEORGE R. HENNIG, BUSINESS MANAGER.

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[The editor of THE MEDICAL VISITOR is not responsible for any opinion expressed by its contributors. Everyone has a cordial invitation to contribute upon any subject connected with medicine or allied sciences. We believe in a broad medical platform, and the only restriction is that contributors shall be free from all personalities.]

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Editorial.

MEDICAL RECIPROCITY.

If a lawyer desires to change his location and make a new residence in another state he need only to present his credentials of the state from whence he removed to have them accepted in his new location; if a preacher, whose great object in life is to save the nation from eternal perdition, answers a call from a neighboring or distant state he is not put through a course of kindergarten examinations concerning his theology, but is permitted to start right out and mix up the oldest theology on earth with the very newest wrinkles culled from the advanced ideas of the "genuine" thinkers. If he makes in connection with his theology the broad assertion that he cures by Divine help the sick and they donate so much per cure for the help of the Lord and incidentally for the comfort and welfare of his servant, no examining board runs him in a corner and gives an examination.

But you, you poor, miserable, good-for-nothing doctor, you who have spent three to four years in the laboratories, in the dissecting rooms, have twisted your brains learning the terminations of Latin names which the bones and arteries and germs, etc., have attached to them, who have spent months and years in studying physiology and the building up of the body by a process of nutrition, what do you know when you cross a state line?

Nothing! It can be proven, if you doubt it, for where is there a place in New York or Illinois or Alabama or North Carolina or any place else among the larger number of the States where you can practice medicine until by an examination by some political set of doctors you

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have demonstrated your ability to do so. What do you know? Oh, we will see! Stand up and give the nerve supply of the levator superioris et alæ nasi. Don't know, eh? Well, that settles it. What if experience has taught when to feed and when not to feed a typhoid fever case providing you cannot make the Widal test and read the meaning which it gives. You don't know how to practice medicine. That's a fact.

Suppose you imagine you have cured cases of malaria but you cannot make a blood analysis so as to learn of the absence, or presence, of the malariæ plasmodia in the blood. You are not IT, by a long ways, you are among the "has-beens," you ought to be in a home for the feeble-minded.

Then another thing, which makes the blood boil, is that many of the states recognize the diplomas of foreign countries without examination. Ohio is one which makes that exception. Think of it, you whose ancestors tramped under the Colonial flag at Concord and Bunker Hill, camped beneath its folds at Valley Forge, and who stood, proud and erect, although in rags, at the surrender of Lord Cornwallis at Yorktown; let it rankle in your bosoms, you whose progenitors stood behind the breastwork of cotton, at New Orleans, when Andrew Jackson fired the shot which echoed around the world; ruminate over its beautiful provisions ye whose fathers and brothers marched beneath the Mexican sun and raised in triumph the stars and stripes of "Old Glory" over the halls of the Montezumas in that day so long ago, and then ask yourselves the question why?

Why should a foreign diploma be singled out as better than yours. Where is there a man whose early exploits equaled that of McDowell; those of Sims or of Emmet, or those of Valentine Mott or of the Beebe who performed the first exsection of the intestines with favorable result; of the old Keokuk professor (Hughes, if we remember his name,) who was the first to remove a stone from the bladder by perinnerrhaphy and save his patient's life. Then ask yourself Why?

We are willing to pay tribute to the "germologists" of the old country, but not a greater tribute than to the Boston physician, who half a century ago marched into the operating room of the old Massachusetts General Hospital wrapped his patient in a lethal blanket and permitted the surgeon's knife to sweep away the cankering ulcer which was destroying his patient's life, all the time with a smile playing over his pale, wan face; no more than we would bow in reverence to the name of the southern surgeon who first restored the lacerated cervix of a woman and whose researches in plastic surgery opened the door for the prevention of thousands of cases of uterine cancer.

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If the genius that discovered anesthesia, that discovered Sim's operation, that first opened the abdomen of a woman and performed the first ovariotomy ever successfully performed, is not worthy of being bowed down to then the genius which goes around with its nose in a test-tube is unworthy of it. If no American diploma is worthy of recognition then in the language of Andrew Jackson "By the Eternal no foreign diploma is!"

Let us arouse from the thralldom which is wrapping itself around us, let us cast these fetters aside and declare that if a man is worthy to practice his profession in Illinois he is worthy to do the same thing in Ohio; if unworthy in Ohio he is not worthy in Illinois. Let the recognition of one state board be sufficient authority for one to enter, anywhere, wherever a citizen of these United States desires to practice, and then the principles that this is a nation, sealed by the nation's richest blood and accepted at Appomatox will be a genuine reality. In fact we are opposed to state rights in this or any other form.

THE HOMEOPATHIC MEDICAL SOCIETY OF CHICAGO.

The once splendid society of this city is gradually going into a decline and, like the girl we once read of, "the place that knew her once will soon know her no more," unless there is a decided change in the interest of the general profession of the city in its welfare.

There must be a reason for this lack of interest and we have been at some effort to find out just what the reason is. The first physician asked replied: "I was present at the organization of the society; it was organized to represent the general medical profession, but it has drifted into a sort of specialist society and papers of interest to the generaal medical man are very much lacking. Then another thing which disgruntles the general practitioner is the fact that it is run by a clique. I will guarantee that the ticket for next year is made up and the doctors who attend that society or any other will not hold their interest when they feel that such a condition of affairs are present." There is too much truth in the above to make one feel good while listening to it.

Said another when asked why he did not attend, "I am interested in internal medicine. There have been but a couple of papers which has been of interest to me. Tachycardia was one, Rheumatism, Acute and Chronic, another, and since that time not another paper was presented until Dr. Mitchell's paper on Bright's Disease that I cared a straw for. My time is too valuable to sit and listen to papers read that I can read in a text-book."

A woman physician replied to the question, "Well, I am astonished

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that you ask me! There was not a paper presented by a woman. Of course they had Dr. Julia Smith on the program, but she has failed them so often that I think the ones who get up the program should and would appoint some of the younger and more ambitious women."

The February meeting was almost a failure, if numbers are to be taken into consideration and the March meeting was a failure entirely, there being not more than a half dozen present and the meeting adjourned without hearing a paper read, although one of the essayists was present. The four or five who came were the faithful ones. The night is not too cold, nor stormy, nor are they too weary to turn out and listen to one who takes the time to prepare a paper. These faithful ones were entitled to some consideration, but they "asked for bread and received a stone."

The first objection offered is the strongest one of all. It is a fact that where a few undertake to control the policy of a medical society it generally sinks into "inocuous desuetude" from which it is difficult to uplift.

The average attendance during the session preceding this one for the whole year was 85, while the average attendance this year will not reach 25 unless a larger number turn out for the meeting this month than has yet shown up during the present year.

But the thing we started out to say has as yet been left unsaid. It is this: Every physician owes an allegiance to the city society. It was gotten up for the purpose of unifying our diversified interests and enabling us to be ready to strike a blow in our own defense should the time ever come when we needed to put forth such an effort. It was the aim of the organizers to have this society represent the general practitioner and not the colleges and the apparent fact that its presidency has come to be filled turn about between the two old schools stands for nothing except that the general practitioner has failed to rise to his privileges. If the nominating committee fails to bring in the names of those whom you wish to vote for, then for goodness sake possess manhood enough to vote against their occupying the offices.

Let us make it a society for the general practitioner. Let us put in a general practitioner for president, let him, or her, arrange the program so as to have on the list of essayists one or two of those not connected with colleges, and the society will swing back into popularity again.

Your duty lies toward the society and not towards grumbling. If things are not right, come and help make them right. When you do this the Homeopathic Medical Society of Chicago will be, as it once was, the best local society in the United States. If you do not do your duty the hand writing on wall may be translated "thy days are numbered."

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News Items and Personals.

Dr C. G. Dwight, Darlington, Wis., was in Chicago during March.

Dr. A. B. Sage, Davis, South Dakota, is visiting his son, who resides in Chicago.

Dr. Kimmel Rauch formerly of Homestead, Pa., has located at 7105 Kedron ave., East End, Pittsburg, Pa.

Dr. G. L. Freemyer is taking his usual spring fishing recreation among the northern Michigan Lakes.

New Hartford, N. Y., a thriving suburb of Utica, is said to be a splendid location for a homeopathic physician.

Dr. Alice F. Mills of Binghamton, N. Y., has returned from a pleasant tour of Europe and the Holy Lands.

Dr. H. G. Dean, New Castle, Pa., moves to a new residence, and is building up a good business in that thriving city.

Dr. Albert H. Rodgers of Corning, N. Y., was recently married to Miss Mary Stoneman, a charming belle of Albany.

Lancaster, N. Y., a prosperous and growing suburb of Buffalo, is said to be a desirable location for an active homeopathic doctor.

Dr. J. W. Crawford, a graduate of Hahnemann College, Philadelphia, in 1900, has established a fine practice at North Adams, Mass.

Mr. J. Pierpont Morgan has offered $25,000 towards the erection of a fund to meet the outstand- obligations of the Hartford Hospital.

Mrs. William Tod Helmuth, wife of the well-known New York physician, was recently elected President of the National Council of Women.

Dr. Elizabeth H. Delavan, (Cleveland, '97), has a large practice and occupies a commodious suite of office at No. 2424 Sixth avenue, Troy, N. Y.

Dr. B. L. Davis, Bellevue, Pa., moves into his new home the first of this month. It is in a fine location and one of the most comfortable homes in that place.

The Imperial Health Department of Germany has decided to banish rats from the Empire and has commissioned Bacteriologist Koch to devise the campaign.

Dr. A. R. Morgan of Waterbury, Conn., spent the winter months in the South. During his absence his extensive practice was taken care of by Dr. J. E. Fitzsimons.

Dr Howard Crutcher, consulting surgeon of the Chicago & Alton railway, has been South enjoying duck hunting. He rivals Grover in his desires for such pastime.

The legislature of New York is favorably disposed towards the compulsory vaccination bill reported to

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it during this session and it will likely pass unless some strenuous work is done to oppose it.

Do not forget to send in your name so as to be one of the party in a special car and have a good time with your friends. The car will be cut off the train at Cleveland.

Dr. E. H. Pratt, Chicago, was a California visitor during the month of March. He performed a number of operations and lectured to the San Francisco students while there.

The New York State Excise Commissioner, is vigorously prosecuting the druggists who have violated the Excise law by selling liquor without a physician's prescription.

Dr. G. H. Wilson died Jan. 10 at Meridan, Conn., at the age of 78 years. He was one of the leading homeopathic physicians of the State and was at one time the mayor of Meriden.

Dr. H. E. Kistler, Johnstown, Pa., can locate a few good, enterprising homeopathic physicians in his vicinity. Correspond with the doctor, always enclosing a stamp for reply.

Dr. May C. Darling of Stamford, Conn., recently lost her father, who died at the advanced age of 96 years. He was a native of England, but had been an American citizen for many years.

Dr. J. W. Covert, New Castle, Pa., who was thrown from his buggy in February, is slowly convalescing and expects to be at work again in a few weeks. We are all glad to hear of his recovery.

The Drs. Genius have purchased an automobile and the "French" they look makes one think they are right from Paris. They are successful physicians and deserve this excellent means of recreation.

Two cases of Smallpox are reported from Blue Island, Ill. a suburb of Chicago and adjoining the suburban village where ye editor holds forth. We are going to be vaccinated and trust to it for protection.

A compulsory vaccination act has passed both houses of the Rhode Island legislature and now our good friend Dr. George B. Peck will find his hands full in taking care of the new-born babes in that small state.

Dr. P. M. Rixey, the physician of President McKinley has been appointed Surgeon-General of the Navy and chief of the bureau of medicine and surgery with rank of Rear Admiral. Nothing like a pull in politics.

Dr. Mary E. Smith, removed her down-town office, Pittsburg, to her private sanitarium, East End, on April first. It seems as if all our Pennsylvania friends are doing well and securing means to improve their habitations.

Dr. C. L. Bonnell, of Brooklyn, died Jan. 15. He graduated at Hahnemann College, Philadelphia, in 1871. He was a member of the American Institute of Homeopathy

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and of the New York State Homeopathic Society.

Dr. G. H. Doty of Brooklyn, N. Y., died early in January. Typhoid fever was the cause of his death. He had a large practice and was one of the most active members of the Kings County Homeopathic Medical Society.

A Buffalo doctor who recently returned from Europe says that all sorts of quackery thrive in Berlin. A late census showed that 476 persons in that city were practicing faith healing, laying on of hands, hypnotism, etc., etc.

Dr. W. P. Faust, of Schenectady, N. Y., recently had his wrist broken as a result of being thrown from a cutter, in which he was riding behind a pair of spirited horses which became frightened at the puffing noise made by a locomotive.

Dr. Anschutz Kempff of Vienna, is building a submarine boat in which he intends to proceed under the arctic ice to the North Pole, and his model, tested in a large basin of water, is said to meet the requirements of the situation.

The course in medicine at Yale can now be finished in three years according to a late announcement which has just come from the press. The student must arrange his studies in the Academic course however to conform with this shortened course.

Our correspondent, Mr. A. Edgar Frankland, writes that Dr. S. E. Burchfield, Latrobe, Pa., moves into a new residence the first of April, which gives him more office room. He is in much better health than formerly, all of which THE VISITOR is pleased to learn.

Drs. H. S. Nicholson, S. M. Rhinehart and Leon Thurston of Allegheny, Pa., have taken a suite of offices in the Horne Building, Pittsburg, Pa. They have arranged their office hours so as to have a physician in the office all the time from 10 a. m. until 4 p. m.

Dr. William Rauch, Johnstown, Pa., one of the members of the Board of Medical Examiners (Eclectic Medical Society) has been reappointed by Gov. Stone of that state for another term. He has already served two terms of three years each before this last reappointment.

The *Philadelphia Medical Journal* has increased its subscription price from three dollars a year to five dollars. You can still take the best, the name of which our innate modesty prevents us from mentioning, at only one dollar a year. You can read the name on the cover of this number.

Dr. T. C. Duncan has withdrawn from the faculty of Dunham Medical College, as has also Dr. E. C. Sweet. Dr. John Hoehne, professor of chemistry is also out and altogether there is quite a loss to its faculty. We understand that internal troubles were at the bottom of the resignations.

Dr. W. Seward Webb of Vermont, was interviewed about his

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candidacy for the governorship. "I am in the hands of my friends in this matter," said the doctor, "and if the people of my adopted state elect me to the office of governor I shall appreciate the high honor conferred upon me."

Anshutz says in his *Homeopathic Recorder*: "No, Mary, a "fast" man is not necessarily a sprinter; some of them could not run a hundred yards to save their souls." Now what we want to know is, Who is this Mary, he is giving the secrets of man away to? Answer by wireless telegraphy, please.

Dr. L. H. Willard, one of the prominent physicians of Pennsylvania, fell on the sidewalk near his home, Allegheny, Pa., and fractured his arm last February. We are pleased to learn of his recovery. Dr. Willard is a member of the American Institute of Homeopathy having joined that body in 1867.

Dr. J. H. Choquette (New York Homeopathic, '99) is enjoying a splendid practice at Adams, Mass. With characteristic French politeness and cordiality he recently entertained our traveling correspondent, Mr. Robert S. Oliver, who is making a business tour of New York and the New England States.

Dr. W. P. Armstrong, Eustis, Florida, sails for Europe the 15th of this month to be gone until November. The Doctor goes for the purpose of improving his health which has not been good for the past year and also to take post-graduate work in European hospitals. THE MEDICAL VISITOR wishes him a bon voyage.

Dr. Mortimore Ayers died at his home in Pasadeno, Cal., on Feb. 27 at the age of fifty-three. Dr. Ayers practiced in Rushville, Ill., where he first located after graduating in the Homeopathic Medical of Missouri, for twenty-two years, removing to Pasadena some seven years ago. He leaves a widow and two daughters.

During the week ending Feb. 22 there were four hundred and sixty-five cases of smallpox in Philadelphia. If those Philadelphia doctors don't manage to get this under control before the meeting of the American Institute we will have to quarantine them although we know of one man there we would like to see President of the American Institute some of these days.

Life insurance companies in England report that there has never before been so much insurance recorded as that arising from the recent smallpox epidemic. Firms which usually sign only 80 to 100 policies a day have recently found their output average 600 policies. The medical reports infer that May or June will be the worst month for the epidemic.

Rensselaer, N. Y., a flourishing suburb of Albany, is reported to be an excellent opening for some enterprising homeopathic doctor. It is a growing place and was recently consolidated with Bath-on-the-Hud-

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son, another lively town which has no representative of homeopathy, although the inhabitants are said to be very friendly to our system of practice.

After a chase of several days through the Adirondack Mountains the authorities of the New York State Health Department captured a man afflicted with smallpox at Norwood, a village near the Canadian line. The sick man was prevented from leaving the state and entering another country, as it was found he had no money with which to pay the export duty on the smallpox germs in his possession.

Dr. A. H. Arp, of Moline, Ill., has one of the finest offices in this country. It consists of five rooms, each a model in its way and supplied with all the necessities and most of the luxuries found in this life. His electrical room is a model of completeness containing every known variety of electrical apparatus. The doctor is surgeon for the different manufacturing plants in that city as well as local surgeon for the C. B. & Q. railway.

Emperor William has issued a notification that all persons in any way connected with faith healers, or kindred cults will hereafter be rigidly excluded from the imperial court. "Eddyism," as faith healing is called in Berlin, is the sensation of the moment. The comic papers caricature it, and the daily press prints descriptive matter regarding what is called "the latest American importation," saying it was only brought to Germany after it had been "worn out in the United States."

Mr. A. Edgar Frankland, eastern representative of Halsey, Bros. Co., and also of the Chicago Pharmacal Co., as well as of THE VISITOR, has located in the new Hotel Lamont, East End, Pittsburg. Mr. Frankland has a host of friends in that section of the country and will make his headquarters now where he will be convenient to the patrons of the two firms above mentioned. He will be pleased also to receive subscriptions to THE MEDICAL VISITOR. The editor will appreciate the latter very much.

Dr. J. M. Selfridge, graduated from the University of Buffalo, Medical Department, fifty years ago last February. The physicians of Alameda county, Calfiornia, in which are located the cities of San Francisco, Alameda, Berkeley and Oakland tendered him a reception in commemoration of his fifty years in medicine. Dr. Selfridge has been one of the giants of Homeopathy in tne West and has been a leader in all that builds up the school. His life is blossoming into a full fruitage of a noble existence.

In the state of New York if a person wants to go to school, be a member of the National Guard, work in a shop where ten or more people are employed, or be a member of the police force, he must show that he has been successfully

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vaccinated within five years before he can go to work according to a bill recently introduced in the legislature. The bill makes it mandatory to be vaccinated and a violation of the law is punishable by imprisonment and a fine. The bill is considered the most drastic measure that has been introduced in the legislature for some time. The measure, it is rumored comes from the Medical Society of New York city.

The offer said to have been made by Dr. J. E. Russell, a Brooklyn, physician, to submit his body to vivisectional experiments by any reputable body of physicians or in any medical college, is attracting wide attention, and has aroused much comment. The staff of the Bushwick Hospital has offered to take up the proposition of the Brooklyn physician, to make suitable provision for the care of his family while he is under the knife of the experimenters, and to provide for them permanently in case the operations result fatally. The doctor's wife protests that she will use every means in her power to prevent her husband from carrying out his intentions.

The following resolutions were unanimously passed by the physcians of Miami County, Ohio, in reference to the osteopathic bill now now before that legislature:

As it is the duty of physicians to protect the public from charlatanism and medical frauds of all kinds, as well as from disease;

Be It Resolved—That the medical bill now pending in the Ohio Legislature, known as Substitute for H. B. No. 170 is, in the opinion of all self respecting physicians and all others who have the welfare of the community at heart, a monstrous fraud and does not represent the sentiments of one per cent. of the practicing physicians in the state of Ohio.

Second. That the enactment of this bill would be the means of flooding the State with Fakirs, Nondescript healers, illiterate and dishonest quacks, whose whole object is to fleece an unsuspecting public.

Third. That we look with dismay upon the trend of our legislature, apparently assuming, that the science of medicine maintained and nurtured by thousands of conscientious, honorable and intellectual men, who have spent years and fortunes in investigating the cause and origin of disease, who have solved the problem beyond question, that disease is of microbic origin, and not as this newly launched theory advocates, due to nerve impingement, or bone displacement, now to be sidetracked and a new science known by the sinuous cognomen of Osteopathy, whose tenets are nerve stretching, pipe opening, rib adjusting and other vulgar synonyms as is to be substituted.

We further demand that our Representatives in both branches of the Legislature oppose this bill by their votes and assist in its defeat. Also that the Medical Societies of all

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schools in the State be notified of this infamous bill that they may bring every possible pressure to bear to accomplish its defeat.

Dr. Van S. Deaton, President.
Dr. J. W. Means, Secretary.

The annual competitive examination for interne in Metropolitan Hospital, New York City will be held at 75 W. 50th Street, at 2 and 8 P. M., May 2, 1902. The Hospital offers unusual opportunities for perfection in the art of physical examination, general medicine, surgery and pathology. the term of service varies from a year to eighteen months the choice depending on the examination. There will be 17 vacancies; 3 to be filled at once, 5 on June 1 and the remainder on completion of the building, Dec. 1, 1902.

With letter requesting entrance to the examination, a letter of endorsement from the secretary of your college faculty and two from business men will be required.

B. C. Carleton,
Chairman, Committee on Examinations.
75 West 50th St.

Societies.

Englewood Homeopathic Medical Society.

A meeting of this energetic and progressive society was held at the office of Dr. L. F. Ingersoll March 25th.

The meeting was called to order by Dr. Gurney, the vice-president and the paper of the evening, on Uterine Displacement Complicating Pregnancy was read by Dr. James West Hingston. (See original articles.)

Dr. Lowell F. Ingersoll in discussing the paper said that he was pleased to hear such an excellent presentation of these conditions, for he realized their importance, and the manner in which Dr. Hingston had presented the subject showed him to be well acquainted with his topic. He did not believe the statement made in opening of the paper, about these cases yielding to common-sense treatment, if that treatment meant an easy cure, any more than did the essayist. He took exception to the claim of the essayist that abortion occurs in the cases about the fifth month for it had been his experience that these cases aborted about the third month and if patient passed that period successfully the chances of going to full term were very good.

Pregnancy, he said, did not cure these cases of retroversion unless careful treatment of the patient was instituted following delivery, and time taken before the patient would be permitted to sit up. The position of the lying-in-woman had much to do with these retro-displacements

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and he had learned to have the woman lie on her face, or rather take an exaggerated Sims' position. This had a tendency to throw the fundus of the uterus forward and thus naturally aid the system to secure the desired results. Most of the patients lie on the back, a position which tends to continue retro-displacements and the position he recommended, and as recommended by others, overcame this tendency. He did not recommend the retention of the tampon as long as the essayist seemed to recommend it for fear it might of itself set up an irritation. The doctor's paper is a good one and if we will remember what he has said it will be of much service to us in our practice among these cases.

Dr. H. W. Pierson said that he had not enough of pregnant cases to know very much about them, but I do have enough cases of retro-displacement to show the importance such conditions play during pregnancy and to account for the different disorders which occur during the period of gestation; it is my privilege to give advice to many women which seemingly brings good fruit. He illustrated this by calling attention to morning sickness and claimed that many of them would show this tendency to stomach derangement before the period of gestation occurs. This cause may lie in the pelvic region and be simply a mechanical condition. The symptoms associated with it, the pain in the back running to the pelvis and down the extremities, etc., will give a fair idea of the nature of the displacement.

In many of these cases, because of the position of the uterus, it is difficult for pregnancy to occur, while in others it is an apparently easy matter. Where we have certain indications pointing to a mechanical condition it is a matter of personal judgment as to where the indicated remedy would stop and mechanical measures would be appropriate in supplementing the work of the indicated remedy. It is a question whether in the treatment of these cases we should begin by correcting the displacement by mechanical means or to commence with those measures which would build up the constitution. The one sided man will claim that nothing is needed but the appropriate remedy, while the one on the other side will claim that all cases of displacement require mechanical measures to restore the displaced uterus before anything else is done. There is a happy mean in all these cases and the judgment of the attendant must be the guide as to what is the indicated remedy. The antecedent history of the patient should be gone into. It is a question where one must get at the cause from the very first beginning and seek to meet that cause with the proper treatment before gestation takes place.

Dr. Wilson A. Smith stated that he knew but little of worth concerning the treatment of uterine displacement, for he recognized in backward displacements the most

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difficult conditions which he had to meet. He recognized no forward displacement except anteflexion, for the natural position of the womb is one of anteversion, but any position backward was an abnormal one. He undertook to restore the uterus to a normal position by the aid of Ludlam's uterine repositor. This little instrument, by passing into the posterior cul de sac with the disengaged hand pressing down on the abdomen in a line with the crests of the ilia he could, if patient was spare, sweep the fundus of the uterus from under the promontory of the sacrum thrust it forward so it would rest on the bladder. He then secured it in this position by proper tamponing, but felt pretty sure it would be found in its old position when the patient returned to him after a couple of days. This condition is essentially one of chronicity and required for its successful treatment not only patience on the part of the physician but also mechanical ingenuity. He recognized the fact that if the displacement was not overcome abortion would follow and these cases of abortion were difficult to handle, tedious in the course, and caused much anxiety on the part of the attending physician. He was pleased to hear the paper.

Dr. Howard Crutcher reported a peculiar case brought to mind by the remarks of Dr. Ingersoll on the use of tampons. The length of time in which the tampon could remain; he had cases where the tampon had remained for sometime and where it had done but little damage, and another case where it had been left by the nurse and trouble had ensued. He thought the thing to do was to treat all cases from the surgical standpoint of cleanliness, and then nature would assert herself. In referring to operations on a pregnant woman he believed that conservative surgery here was as necessary as anywhere. He mentioned a case where he expected to remove a tumor, the abdomen was opened, the adhesions were fearful, the vitality low. He tied the broad ligaments, left the tumor and the patient had fully recovered, the tumor disappearing by the absorption.

He wished to endorse the statement of those who recommend the patient remaining in bed until they were well after confinement, and and believed that many cases of retro-displacements were the result of neglected after-treatment. He had learned from his old classmate, Dr. Smiley, the necessity of keeping his obstetric patients in bed long enough—three weeks at the least.

Drs. G. M. Cushing, Smiley and Decker also took part in the discussion which was closed by the essayist Dr. Hingston.

After the paper was read and the discussion closed the minutes of the preceding meeting were read and the place of the next meeting selected which will be at the office of Dr. A. A. Decker, South Chicago.

When all the work of the society was finished Dr. Ingersoll assisted

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by his good wife gave a little luncheon which was enjoyed as much as was the scientific part of the program.

It might do the City Society good to pattern after this excellent little society which is doing such good work, and learn that physicians like to hear from those who are in every-day work and not devoting their lives to special efforts.

A MEMBER.

Indiana Institute of Homeopathy—Preliminary Announcement.

Dear Doctor:

The work of the Thirty-sixth Annual Session of the Indiana Institute of Homeopathy is well under way. Homeopathy is constantly gaining in public favor. We are all interested in, and anxious to increase the growth of our cause. Our State Institute with its increasing membership and attendance is an evidence of our growth in Indiana. No Homeopathic physician in the State should fail to ally himself with this representative Society, and by so doing improve himself, and better his standing in his community. Let everyone make his plans to attend, and come prepared to discuss concisely some of the topics which will be presented in the program later. In this way we will all gain new ideas and return home greatly improved. Your officers desire this to be the banner session in the history of the Institute—excelling even last year's, which was pronounced best up to that time both in attendance and quality of work. This can easily be accomplished—but YOUR presence and assistance is needed. Do not fail to notify the Secretary of any newcomers in the State and invite them personally yourself.

If you are not already a member, and wish to join, the Secretary will be glad to receive your application, and assign you to one of the bureaux.

If you prefer to write a paper for another bureau than the one to which you are assigned, kindly signify your preference to the Secretary and he will gladly make the change. The meeting will be held for two days only—Tuesday and Wednesday, May 27 and 28, at the Denison Hotel, Indianapolis. The railroads make a rate of one fare for the round trip, good going May 26 to 28 and good returning to and including May 29.

Programs will be mailed later.

H. H. BAKER, M. D., Secretary.

N. B.—Remember the date—Tuesday and Wednesday, May 27–28.

Muncie, Indiana, April 2, 1902.

Meeting of the Homeopathic Medical Society of Kansas.

The thirty-fourth annual meeting of the Homeopathic Medical Society of Kansas will be held in Topeka, May 7, 8 and 9. An open rate of one and one-third fare from all railroads in the State is assured. An unusually inviting program is promised, to include the presentation and discussion of note-worthy topics

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of the day by eminent practitioners of Kansas and neighboring states.

Information relative to the meeting may be obtained from the secretary, Clay E. Coburn, M. D., Kansas City, Kansas, or the following bureau chairmen:

Sociality and Fraternity, Chas. Lowry, M. D., Topeka.

Materia Medica and Organic Law, W. B. Swan, M. D., Topeka.

Surgery, H. W. Roby, M. D., Topeka.

Obstetrics and Gynecology, W. A. Minick, M. D., Wichita.

Clinical Medicine, J. W. Tiffany, M, D., Hiawatha.

Legislation and Public Institutions, Chas. Lowry, M. D., Topeka.

Dental and Oral Diseases, E. Baumgardner, M. D., Lawrence.

Eye, Ear, Nose and Throat, S. C. Delap, M. D., Kansas City, Missouri.

American Medical Association.

The Committee on Pathologic Exhibit for the American Medical Association is anxious to secure materials for the coming session at Saratoga, June 10th to 13th inclusive.

This exhibit was accorded much praise and comment during the sessions at Atlantic City and St. Paul respectively where were collected valuable exhibits from all parts of the country. The materials included not only pathologic specimens but the allied fields, bacteriology, hæmatology, physiology and biology were well represented.

It would also be desirable to secure exhibits of new apparatus, charts, etc., used by teachers of pathology and physiology in medical colleges.

This exhibit has already become a permanent feature of the annual sessions of the American Medical Association and the committee is desirous of securing its list of exhibits as early as possible and to this end asks those having desirable materials to communicate with any member of the committee.

To contribute to the value of the work, it is suggested that as far as possible each contributor select materials illustrative of one classification and by such specialization enhance the usefulness of the display.

Those lending their materials may feel assured that good care will be given their exhibits while in the hands of the Committee and due credit will be given in the published reports.

Very respectfully,

F. M JEFFRIES,
214 E 34th St., N. Y. City.
W. A. EVANS,
103 State St, Suite 1403, Chicago, Ill.
ROGER G PERKINS,
West. Res. Med. School, Cleveland, O.
Committee on Pathologic Exhibit, American Medical Association.

MEXICO, N. Y., March 15, 1902.

Members of the International Hahnemannian Association, Active and Associate:

GREETING — Eight months and twenty-one days have passed, since we met at Niagara Falls, N. Y., and but 101 days are left within which to prepare for the next

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meeting of our Association, set down for June 24–25 and 26 of 1902. "The Chicago Beach Hotel," 51st St., and Lake Michigan, Chicago, Ill., is the place selected for the several sessions of the Association. It is a beautiful spot, the hotel, large and commodious, on the shore of Lake Michigan, retired, quiet and convenient of access, sixteen minutes' ride from the heart of the city.

Rates per day — Room, with private bath, $6.00. Suite of two rooms, with one bath, $4.00. Room with no bath, $3.00.

Accommodations can be obtained elsewhere, at various and lower rates.

The meeting at "the Falls," last year, will not soon be forgotten. The goodly number present; the number of applications for membership; President Case's excellent address; the superlative quality of papers from the several bureaus; the efficient work, and zeal, of Secretary King; the fine number, the radiant faces of the ladies present, each and all gave weight and inspiration to that meeting. Let us hope and strive to the end that the coming gathering may be as interesting and profitable as that of 1901.

At a later day, Secretary J. B. S. King, of 6713 Wentworth Ave., Chicago, Ill., will send out the program. Fraternally,

T. D. Snow.

Book Reviews.

Diseases and Therapeutics of the Skin. By J. Henry Allen, M. D., Professor of Skin and Venereal Diseases, Hering Medical College, Chicago. Philadelphia: Boericke & Tafel. 1902. Price, Cloth $2.00 net; by mail, $2.12.

The physician who adds this work to his library will find one that will prove a help to him in time of trouble. The diseases of the skin are a terra incognita, and to most of the general practitioners come under two heads, that of eczema or erysipelas. The pathology, the etiology, the diagnostic symptom, etc., are briefly pointed out and then follows a splendid list of homeopathic remedies for the disease under consideration.

We do not agree with Prof. Allen regarding his suggestion, implied, of the treatment of scabies by means of internal medication alone. We would not think highly of the suggestion of any surgeon who recommends the use of hepar sulphur for suppuration when that suppuration might be due to the presence of a foreign body, and neither do we believe it good policy to give an internal remedy for itch and permit the acarus to remain until the soil condition of the system had been raised to that point of re-

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sistance which would cause it to die. Kill the acarus with sulphur ointment and treat the patient. In this way the disease is rapidly overcome, the danger of suppression is met by internal treatment, and the disease cut short in a few days.

In erysipelas we miss graphites as a prominent remedy. When graphites is more thoroughly understood we feel certain that it will occupy as prominent a place in erysipelas as does rhus toxicodendron. Its skin symptoms are very marked. In those cases where there is a tendency to relapses, or where new centers of attack appear in the course of the disease it stands above all other remedies. The part devoted to the dermatological remedies is most valuable. Prof. Allen knows how to present his studies of drugs in the best possible manner for the reader to grasp them.

Outside of the criticism we have made, and the criticism is only from the standpoint of experience we believe this work is the equal of any one on the skin we have had the profit of reading for some time. It is well printed, on good paper, clear type, and nicely bound, making one that will stand the wear which it will receive. We desire to congratulate the doctor upon his maiden effort in the role of authorship.

CATS: HOW TO CARE FOR THEM IN HEALTH, AND TREAT THEM WHEN ILL. By Edith K. Neel, Philadelphia, Boericke & Tafel. 1902. Price, 50 cents.

Everybody has a cat, we suppose, and this little book gives many suggestions as to how to treat "Pussy" when she is sick. It is more humane than an axe, anyway.

Boericke & Runyon take pleasure in announcing the issuing next month of the third edition of Dr. Carleton's book, "Uropœtic Diseases." The book will be brought up to date on diseases of the kidneys and bladder given in complete detail, the etiology, symptoms, diagnosis, together with their latest Surgical General Medical, and Homeopathic Treatment. It will contain four hundred pages, the price remaining at $3.50. This immense demand for Dr. Carleton's work, requiring a third edition in such a short time, is something of which he should feel proud.

PRELIMINARY ANNOUNCEMENT.

Dr. Ch. Gatchell has now in press a new work on "Diseases of the Lungs; their Pathology, Symptomatology, Diagnosis, and Treatment." The book will be issued in a few weeks.

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THE MEDICAL VISITOR

VOL. XVIII. MAY 1ST, 1902. NO. 5

Original Articles.

HOMEOPATHY A FOSSIL.

GEO. B. PECK, M. D., PROVIDENCE, R. I.

A report was recently brought to my notice, whether through ear gate or eye gate I cannot say, concerning a conversation between a lawyer and a new school practitioner. It seems they at length fell to discussing Homeopathy. After a time the former broke out in effect as follows: "It has become time for me to select a family physician. I had determined to seek a representative man of each school, ascertain from both the foundations of his belief in the method of practice by him pursued, weigh their respective arguments and then decide between them. It is unnecessary for me, however, to go farther. You have shown your system is antiquated and non-progressive, therefore I shall choose from the other school." Not thinking to utilize the incident it made little impression. I merely smiled as I sized up that expounder (?) of the Science of Therapeutics. It is unnecessary to record my measurements, but it may be permissible to remark parenthetically—He is pitiable who cannot defend the faith that is in him, despicable who has none!

According to the Century Dictionary "one who or something which is antiquated or has fallen behind the progress of ideas; a person or thing of superannuated or discarded character or quality" is termed a fossil. The same authority also tells us: "Homeopathy (is) the medical treatment of diseased conditions of the body by the administration of drugs which are capable of exciting in healthy persons symptoms closely similar to those of the morbid condition treated." It was devised one hundred years ago. Now as it is obvious that any "medical treatment of diseased conditions of the body by the administration of drugs that are "*not*" capable of exciting in healthy persons symptoms closely similar to those of the morbid condition treated" is *not* Homeopathy nor can honestly be so termed, and as Hahnemann directed all nonsurgical disorders to be treated on the principle of similars a century ago it fol-

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lows Homeopathy is antiquated, has fallen behind the progress of ideas, is superannuated and therefore a fossil!

Granted this dogma seems archaic when compared with fashionable doctrines in the medical world, few of which have seen a decade, and many not a semi-decade; yet remember lapse of time is a comparative matter, and three years constitute more than a millenium to those insects swarming on the banks of the Nile whose span of existence is covered by a single day. Unseemly then it cannot be to examine into the condition of some other fossils and ascertain if valuation pertains to any.

Most of us can find somewhere about the house a certain little table. It is said to be a thousand years old and to have been constructed by the Arabians. It is called the Multiplication Table. It is, I ween, quite as useful as it was the day on which it was framed, nor will it be less serviceable ten thousand years hence. Yet it is incapable of alteration, still less of amendment. As it is ten times as aged as Homeopathy it must be ten times as worthless! There is another fossil that perchance may be found somewhere about the house. We shall be obliged to search longer for it perhaps; it is not so common, nor should it be, since it is less than half as valuable as that last sought. Twenty-one hundred years ago Mr. Euclid drew certain diagrams and wrote out appropriate explanations thereof. Though today there be pedagogues, wise in their own conceit, who believe they can improve on the language the old gentleman employed, yet will their labors scarce outlast their fleeting breath while his works will stand unimpeached and unimpeachable until heaven and earth shall pass away. Yet they are non-progressive, in fact unchangeable, therefore antiquated, superanuated, fossilized!

Most likely with greater ease may be discovered at home a curio graven thirty-three centuries agone! Question ye what it is? The Decalogue. Immutable it abideth until time shall be no longer. He who was greater than Moses could do no more than enunciate the two principles on which it rests. Ourselves who have ministered to suffering humanity for a quarter century, had we turned a single thought to the subject, have not failed to recognize on every hand demonstrations of its physiological foundation as abundant as the leaves of the forest unless incapacitated by that blindness or that obtuseness alike born of perverseness. And yet how often and by whom (wonder of wonders) have we heard it pronounced antiquated, effete, obsolete!

But what relation, if any, do these several fossils bear to one another? While the last is of utility only to the human race and the first to animate nature, the scope of the third and second is universal. So far as creation extends is their application possible, their knowledge essential to the comprehension thereof. Alike all sprang from the discernment

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of some particular thought of the Great First Cause; alike each represents in its appropriate sphere His purpose, His action; alike each depends upon the primordial constitution of mind or of matter or of both. "As it was in the beginning is now and ever shall be." A late or an early recognition and utilization of truth affects not Nature in any manner howsoever consequential the result be to us. Is it wise to condemn an eternal verity simply because it is distasteful?

It is, then, because these fossils are of ancient origin they are of priceless value today. The last polished and reset if you will by the Great Teacher, unrivalled in its resplendency is the beacon light guiding our race to that second terrestrial paradise whose designation is the federation of the world, whose government will be the parliament of mankind. Through studied recombinations of the third we on the one hand map the paths not only of our sun, but of that infinite brotherhood of erstwhile designated fixed stars as they wend their appointed ways around the throne of Omnipotence, and on the other weave designs whereby all nature is enchained and her greatest obstacles transformed into monuments of success. By the second, the firmament is measured and the stability of each mundane accomplishment secured. The first, observed two thousand years ago but utilized only in the last hundred, affords the *only* means whereby diseased humanity can be restored to health *safely*, *quickly*, and *pleasantly*. It was the utter failure of Allopathy, *contraria contrariis*, to afford permanent relief that impelled the investigation of *similia similibus*, nor today is the application of the former principle more successful than in the past. The formulation of any other working rule is simply inconceivable! So fast as sister sciences shall afford the means, so rapidly Homeopathy will reveal the reasonableness and the naturalness of her methods, increase the extent of her resources and, mayhap, the exactitude of their application. While others slaughter as they will in ruthless experimentation their confiding victims, until they have found a firmer rock and a higher, I will contentedly rest my reputation, my life, and lives entrusted to my care on that precious, that glorious old fossil—HOMEOPATHY!

THE GYNECOLOGICAL CLINIC.

CHICAGO HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL. — SERVICE OF PROFESSOR SHELDON LEAVITT, M. D.

Case XIV.—Mrs. F., aged 42 years, a woman of medium height, strong frame, and good nutrition, but of anemic look, was referred to me by my friend Dr. J. D. Kauffman, of State Center, Iowa. Her health was good till two years ago when she began to suffer from menorrhagia.

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Lately she has had almost continuous flow, and a sense of downward pressure, with backache, loss of strength, and great nervous depression. Dr. Kauffman first saw her in October last when he found her weak, anemic, and almost pulseless from hemorrhage. Examination disclosed a firm, spherical growth protruding from the os uteri, and a small tumor of the left labium of the vulva. The latter was said to date from a fall suffered some ten years ago. Under treatment the uterine hemorrhage was kept within bounds while the patient was procrastinating the surgical treatment that had been recommended.

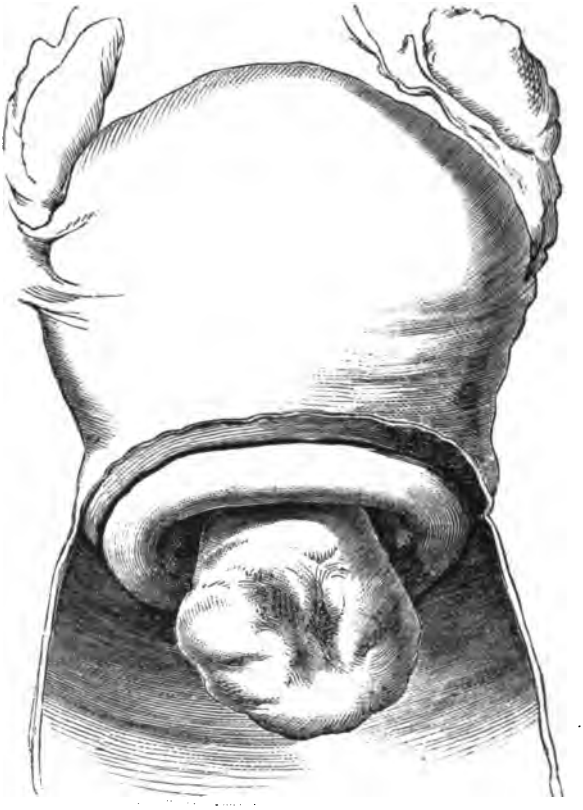

FIG. 1—SHOWING THE GROWTH PROTRUDING FROM THE CERVIX UTERI.

The case was operated on January 29th. The vulva having been opened by means of retractors, the uterine tumor was seized with strong forceps and drawn downwards, when a pedicle was felt with attachment high in the uterine cavity, but which was quite accessible owing to full dilatation of the cervical canal. Curved scissors were directed to the site of attachment and the pedicle was cut close. The base of attachment was then well curetted. There was but little hemorrhage.

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The vulva tumor proved to be cystic and was easily enucleated from its bed and the remaining excavation was closed with catgut sutures.

Recovery was prompt and satisfactory.

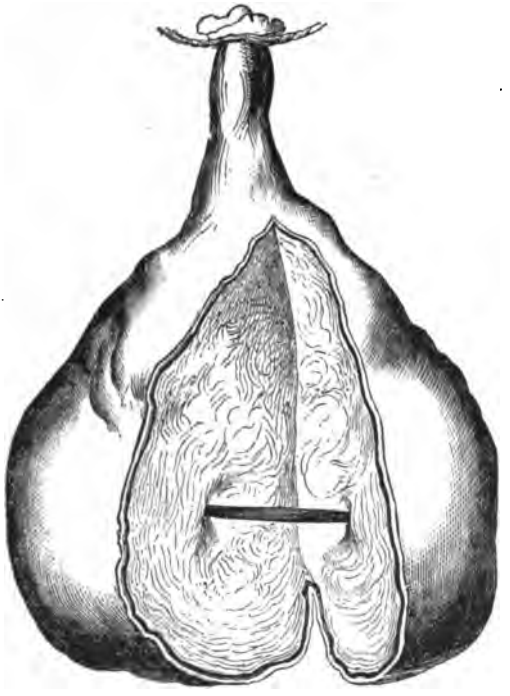

FIG 2—SHOWING THE GROWTH AFTER SECTION.

HISTORY BY DR. A. LEWY.

Case No. XV. Miss Frieda Lange, aged 17. Has had ordinary children's diseases. Since nine years of age has been wetting the bed. Menstruation began at thirteen years, and has always been painful. Bearing down begins half a day before the flow and continues afterwards. Suffers from headaches, backaches and constipation. Headaches especially in the morning, worse on stooping. Stooping soon after a meal also causes her to vomit, without nausea. Is very nervous, which is evident in all her actions. Has grown very rapidly, is now five feet seven and a half inches and is well developed, but has lost some flesh recently. Has had leucorrhea and has taken local treatments for nearly three years without any relief. Left kidney palpable in flank. Not enlarged nor particularly sensitive. Urine negative.

Operation January 28th. Orificial work. Vaginal walls not in contact, but stand apart like an inflated bag except at sphincter vaginæ. Convalescence was uninterrupted excepting a severe backache of which she complained for six or eight weeks subsequently but which is now

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better. She wets the bed only occasionally, chiefly after nervous excitement or fatigue. For two or three weeks after leaving her bed the left kidney was not palpable; but it is again displaced to about the crest of the ilium. Her condition otherwise is not essentially improved. She is still taking local treatments for the leucorrhea. Discharged February 20th.

REMARKS BY PROF. LEAVITT.

I felt all along that the displaced kidney was the chief primary cause of this young woman's illness; but hoped to give her sufficient benefit from the orificial work, plus powerful suggestion to carry her along, at least for a time. The bladder symptoms, which had been most tormenting, were almost wholly removed, and her sum of bad feeling was reduced. For this she seemed grateful. But there are nervous and gastric symptoms, doubtless mainly due to the dragging kidney, which persists. I much dislike to do a nephropexy on so young a woman, and yet it is probable that I shall be obliged to do so, as I have never found a less radical treatment capable of permanently fixing a widely moveable kidney.

The ballooning vagina, mentioned by Dr. Lewy, I have occasionally noted. It is an abnormal state, commonly relieved by the patient's general improvement. Examination a few weeks subsequently disclosed a modification of this condition.

HISTORY BY DR. A. LEWY.

Case XVII. Mrs. Ellen Szoblowicz, aged 30 years. Occupation housewife. Married at eighteen years. Has had five children, two dead. Miscarriage four weeks ago following a fright and a fall. Uterus was "cleaned out" by a physician. She has since had pains at times and is still flowing. Is getting worse this week, losing flesh, discharging "lumps," and is very nervous. Operation April 8th, curettement. Discharged April 17th. No rise in pulse or temperature during convalescence.

REMARKS BY PROF. LEAVITT.

While this was a simple case, it was a fine clinical example of a class of cases often encountered in practice, and was appreciated by the class. Here was a woman who had suffered miscarriage which probably remained incomplete until the first curettage. I was at first inclined to believe that the operator did a poor job, since ordinarily, on curettage. the flow at once is much modified and soon ceases. But when I came to go over and over the endometrium I found nothing more than a few shreds. Fortunately, after my work the flow soon ceased. I cannot

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believe that the aspect of the case was so greatly changed by removal of the insignificant amount of detritus mentioned; but I do believe that the good effect was the product of rectal and cervical dilatation, uterine scraping, uterine washing with very hot water, and, finally, emphatic assurance that the root of the trouble had been removed, all combined.

Some years ago I attended a woman in an early abortion, and removed an intact ovum which was protruding from the uterine os. She did well until some three or four days afterward, when there was a sudden and rather profuse hemorrhage. The patient was of a nervous apprehensive temperament, and her sister, who was her only attendant, was of the same type. When the blood appeared they became terrified, and the sister ran upon the street calling loudly for help. A near-by physician came to their aid and the hemorrhage was checked by a tampon. On reaching my patient's house I removed the tampon, douched the vagina with hot water and curetted. I left her with every assurance of safety. Things went well for two or three days, and then there was a repetition of the first experience, followed by another curettement. In neither case did I find more than a few shreds of membrane. There was no farther hemorrhage of moment, but my patient suffered for some time from the nervous shock. In two subsequent miscarriages she went through similar experiences.

Now this patient had no other indication of hemophilia, and I believe that the aggravated nature of the attacks did not grow out of any such condition, but that the terror which seized upon her was the efficient cause of her troubles. That the hospital patient whose case served as a basis for these comments may have owed her unfortunate experience in part to mental conditions does not surpass possibility.

THE TREATMENT OF THE ANASARCA OF BRIGHT'S DISEASE.*

BY A. L. BLACKWOOD, M. D., SENIOR PROF. PHYSIOLOGY AND PROF. OF MATERIA MEDICA, HAHNEMANN MEDICAL COLLEGE, CHICAGO.

During the course of the majority of cases of chronic nephritis anasarca develops. This occurs most frequently in those cases that are dependent upon exposure to cold, scarlet fever, alcohol; and in those cases with the large white kidney, rather than with the small white kidney. It is associated with a diminution in the amount of urine, and with heart failure. As this is a chronic process there comes a time sooner or later, when no one form of treatment will meet the demands of all cases, and various methods must be adopted to bring relief. In those cases where the legs show a tendency to great distension, the

* Homeopathic Medical Society of Chicago.

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patient should be kept in the recumbent position so far as possible; attention to the diet will be of service, and skimmed milk, buttermilk, dry bread, crackers and sweibach will be of some assistance.

Milk should form as large a portion of the diet as possible. If it is not well borne or gives distress it may be diluted with one-third hot water or an equal amount of hot, thin oatmeal gruel. Buttermilk is also serviceable. The milk should be taken in small mouthfuls, several minutes being devoted to taking a glassful, that it may not all be cast upon the stomach at once. It supplies albumen to compensate for that which is lost, as well as other material for nutrition; it has a small amount of waste, is non-irritating, and is an active diuretic.

It is needless to speak of the injury accomplished in many of these cases by the use of opiates, as they do not only lessen the quantity of urine excreted, but also diminish the elimination of nitrogenous waste material and thus increase the danger of uremia.

When the accumulation of serum in the cellular tissues has to be removed, the means at our disposal may be classed as cardiac tonics, renal stimulants, diaphoretics and cathartics. Of the remedies in the first group digitalis is probably the one worthy of first recognition. It should be studied when, with the anasarca, the patient presents a bluish, cyanotic tint, giving evidence that the right heart is failing. The heart's action is feeble and irregular. The urine is scanty, dark, and contains albumen. The pulse is slow; compensation is failing; dilatation is taking place; and the gallop rythm is appearing. Its beneficial action is derived from its action upon the heart muscle, yet under its use casts appear in the urine showing its action on the kidney. In this class of cases the infusion usually acts favorably especially aiding diuresis.

Apocynum cannabinum has been of service in many of these cases where there is a general dropsical effusion. When it is indicated there is present a weak, gone feeling at the pit of the stomach, so that the food is not well borne and where there is much thirst, and drinking is attended with great distress. The heart's action is irregular, and the pulse is slow. It produces an increased flow of limped urine and does not appear to irritate the kidneys. A decoction is used, and this may be given in doses ranging from one-half to one drachm every three hours. Should too large doses be administered it will result in a suppression of the urine. Some patients can tolerate the remedy in large doses but for a short time, as it produces nausea and vomiting.

Apis mellifica is occasionally beneficial, and yet this remedy is of most service in those cases where the edema appears suddenly, arising from some acute cause. When indicated the skin is pale, waxen or transparent, and the urine is scanty, while the patient is thirstless.

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Stigmata maidis is a diuretic that has a favorable action over catarrhal conditions of the urinary tract. It will reduce the anasarca, and exert a most favorable action over the blood supply through this system. The heart's action is slower and more regular, but the dyspnea does not correspondingly improve.

Diuretin is uncertain in its action and while it will produce a copious diuresis, the results are not permanent. It may be given in five-grain doses repeated every two hours or one hundred grains may be given during the twenty-four hours.

The skin may be called into action to relieve the kidneys, either by means of vapor bath or the wet pack. The warm pack is of great service in any of these cases, as it assists the kidneys in elimenating the element of waste material. When it is not convenient to give baths in this form, hot, dry-air baths may be employed. In using the hot bath great care should be exercised so that there may be no chilling of the body after the bath. The temperature of the water should be about 100° F. when the patient is put in, gradually increased to 104° or 106° F. and the patient allowed to remain from one-half to one hour, when he should be wrapped in warm sheets or blankets for two or three hours to induce a profuse perspiration.

The wet pack may be occasionally substituted for the hot bath. To administer this a large double blanket should be dipped in water, just below the boiling point, in which some mustard has been stirred. The blanket should be left in it a few minutes and then wrung out quickly and wrapped about the patient so all the body, except the head and face, is covered. The difficulty met with in using this form of bath lies in the rapidity with which the work must be accomplished to prevent evaporation and cooling of the blanket. The patient should be placed upon a mattress, and well covered with dry blankets and allowed to perspire for two hours. During this time he must be given freely of warm emulcent drinks such as barley water, or rice water; when removed from the pack he must be thoroughly rubbed and placed in warm, dry blankets.

The hot air bath is frequently of service. It is easily given by placing an alcohol lamp on the floor, near the bed, and carrying a funnel bent at right angles from the lamp up under the bed clothing which must envelope the patient closely; a light cradle may be extemporized to support the bed clothing, if desired. The heat and steam thus generated is usually sufficient to cause a profuse perspiration, but should the skin remain hot and dry a warm, stimulating drink will usually start the perspiration. To meet this same indication a hypodermic of pilocarpine may be employed. It may be given in doses of from 1-5 to 1-10 of a grain; it is better to be given 1-10 of a grain and repeated in twenty

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minutes rather than to give a large dose at once, as it may produce nausea, vomiting, and possibly collapse, from its depressent action on the heart.

Free purgation is often of service, when other means of removing the fluid is not successful, as it assists in eliminating the dropsical effusion, and the solid toxic constituents of the urine from the blood, and relieves the already irritated kidneys of the elimination of this material. In some cases it is only necessary to keep the bowels well relieved, while in other cases a free purgative is demauded; this demands such remedies as the sulphate of magnesia, elaterium, mercurius dulcis, or compound jalap powder, the latter being much used in England in doses of from 30 to 60 grains.

Elaterium is a most serviceable remedy in these cases where the dropsy is dependent upon renal diseases, and in such conditions it not only removes the accumulation but assists in the cure of the case. It should be given in doses sufficient to cause frequent watery discharges from the bowels which is usually in from 1-6 to 1-10 gr. A dose of one tablet of IX at night is usually sufficient.

The alkaloid, elaterin, may act better than the elaterium in some cases and has not the tendency to produce the nausea or vomiting of the latter. It is given in one-sixteenth grain doses, repeated every four hours.

The bitartrate of potassium in doses ranging from five to sixty grains is also of much service, especially if the urine has an ammonical odor, is alkaline in reaction, and deposits a heavy sediment. It produces watery discharges and acts as a diuretic.

Mercurius dulcis, is of value in cases where there is a combination of renal and hepatic diseases, with jaundice, in grain doses of the IX, repeated every hour until there is free action of the bowels.

Sulphate of magnesia: To derive any definite action from this drug it must be given in such doses as will act upon the bowels, and this usually requires about a tablespoonful of the saturated solution.

The citrate of caffeine is of service when cardiac failure is pronounced. It should be exhibited in doses ranging from 2 to 15 grains, repeated every three hours until action is secured.

Saline enemas are of service when the bowels do not respond to mild cathartics. The enema should be carried well up in the colon, and it should contain plenty of magnesia sulphate or glycerine. When the kidneys fail to respond to the ordinary diuretics, one pint of a normal salt solution, carried well up into the colon, will often open up the kidneys and assist elimination.

Should the dropsy become severe and persist, in spite of all our meas-

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ures, it is advisable to puncture the skin that the fluid may be allowed to drain off. For this a small canula with a tube leading to receptical is to be preferred. But when this is not at hand I have made simple incisions about one inch in length over the malleoli and allowed drainage to take place by this method. Should the fluid be of such quantities in the pleural spaces as to give rise to pronounced dyspnea, aspiration should be performed, while paracentisis should be resorted to should the ascites become an annoying condition.

SOME SUGGESTIONS ON THE TREATMENT OF NEURASTHENIA.

BY N. B. DELAMATER, M. D., CHICAGO.

Neurasthenia is a disease so frequently met with in this busy age that a full understanding of the principles upon which the treatment is based cannot but be of interest to every general practitioner.

I am inclined to think that the failures are due more largely to a universal habit of treating the disease by its name rather than a careful study of the individual case. The same rule that applies to almost every other disease must apply here in order to be at all successful, that is, that each and every case must be studied in detail, in conjunction with all its surroundings, and every thing that can possibly in any way have an influence.

Neurasthenia may be the result of one of a very large number of causes. It may be the result of excessive mental, emotional or physical exertion, or it may be the result of various kinds of physical irritation. It must be remembered that any physical irritation must be long continued in order to produce a neurasthenia. In looking for and discovering the cause of neurasthenia we must be thoroughly satisfied that the essential cause is one that is sufficient to produce this condition; it not infrequently happens that an inadequate cause, or one that could not by any possibility produce the condition, is assigned as a cause.

Now as treatment must in a great measure be based upon the cause it is very essential that no error is made as to the cause. In that large class of cases resulting frem eye strain, nasal or oral irritation, digestive disturbance, genital or rectal, the very first step in the treatment must be directed to the reduction of the sources of irritation. If it is the result of excessive labor, mental or physical, a more or less complete cessation of these conditions must commence the treatment. If the result of sorrow or worry this must be eradicated so far as possible, in short the first elementary member in the treatment of neurasthenia must be the removal, so far as possible, of the causes. That this cannot always be done in whole or even in part I know all too well and in these

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cases in which it cannot be, the physician is handicapped in the treatment. We cannot refuse to do anything because of our inability to govern circumstances, but we must use every endeavor, and study very carefully the existing circumstances, and make every effort to minimize the causes so far as possible. There is really but one remedy to be considered and that remedy is rest.

It is a very easy matter to prescribe this remedy, but not always as easy to secure it, or to decide on the means of securing it. The physician needs a wide range of information as to the peculiar kind of strain caused by various avocations, as well as an intimate knowledge of the temperament, peculiarities and idiosyncrasies of the patient and the family.

In a few cases the absolute mental and physical rest as devised and taught by Weir Mitchell will be found absolutely essential. In by far the larger number of cases Rest must be obtained without absolute cessation of activity. It may be by reducing the hours of work, or by substitution of some other form of activity. The principle involved is the relief from strain of those faculties that have been most active and putting in their place some form of activity that will call new faculties in use. It may be in the way of amusements or of other kinds of work. In selecting amusements the physician must use care to see that they are not of such a nature as to bring into play the same set of faculties that have already been over used.

A man who had been obliged to solve intricate complex problems would not for instance get any rest from playing chess. A patient who had led an active out door life would get no rest from playing golf. A physician or a clergyman would get no rest from visiting friends.

The procuring of healthy natural sleep is another fundamental principle in the treatment of nearly all these cases. Very many of them have very pronounced insomnia, and it is a symptom that is not easily overcome.

The use of sleep-producing drugs is quite apt to be injurious and to retard the cure. They should never be used if it is possible to avoid them. Unfortunately this is not always possible. The bromides, chloral hydrate or opium in any form must always be avoided. The various coal tar preparations too should be passed by as a rule. I always try regulating the digestion. In order to learn best how to accomplish this I find it absolutely necessary in every case to study very carefully the digestive conditions, and in this study must have a complete quantitative analysis of the 24 hours' urine as an aid in learning the nutritive conditions as well as in selecting the best diet.

Various kinds of baths, massage and static electricity, are also very

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frequently valuable in producing natural sleep. If there is a marked tendency to flushing of the face and head on the slightest provocation heat is contra indicated. In these cases the salt rub, and general massage will usually be far more efficacious. If the examination of the urine shows marked failure in elimination, the heat eliminating baths will be of most service. General physical exercise such as can be procured in a gymnasium, from the careful study of the various methods of physical culture will frequently do a great deal. There is one point that needs strong emphasis in conjunction with exercises in order to obtain the best results, that is very careful attention to the breathing while taking the exercise.

Nearly all of these cases have one very marked symptom that help materially in preventing sleep, that is a general muscular tension. During the taking of baths, massage, electricity or exercise, this tension must be reduced as far as possible. In order to accomplish this the patient must, time after time, be instructed to relax, to make every muscle in the body as limp as possible, whether sitting or lying down. Very few will have much difficulty in learning to relax, but it will usually be difficult to keep relaxed. It requires almost constant attention on the part of the attendant to make the patient keep relaxed. This will, however, be found a valuable adjunct to the procuring of sleep, as well as in securing rest.

I also try feeding just before attempting to sleep, or at intervals during the night. The particular kind of food to be taken must of course depend on the individual case. As to sleep-producing drugs, Merrell's tincture of Passaflora, 3 tablespoonfuls in two-thirds of a glass of water to be administered in three doses a half hour apart, commencing about an hour before the time for sleep, it is a most valuable, and a positively harmless sleep producer. It will prove efficacious in very many cases.

If the patient happens to be of a markedly hysterical temperament. asafetida in from 3 to 5 gr. doses is still a wonderful drug, as it has been for many years. It can justly be classed as harmless, also, gelsemium in 5-drop doses exery half hour for two to four hours will have the desired effect in many cases; cimicifuga Θ in from 10 to 15-drop doses; every half hour if the patient is inclined to be very restless. Scutellaria laterfolia 1x trit.; the fluid extract of hops in half teaspoonful doses; valerian Θ in from 15 to 30-drop doses are all of value and should be thought of before prescribing any more powerful drug. I however find it necessary at times to use sulfonal or trional. I prefer the trional in from 5 to 30-grain doses, usually repeating every fifteen to thirty minutes until sleep. I give several small doses at frequent intervals rather than one large dose. Chloralamid elixir will at times seem

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necessary, but I rarely find it so. The most thorough nutrition is a cardinal principle in the treatment of nearly every case. The nourishment should be easily digested, it must contain a maximum of nutritive qualities. It must be given in rather small amonnts and frequently repeated. No matter how well nourished the patient may appear to be if neurasthenia is present there is need of large increase in nutrition of nerve tissue.

As an adjunct to nutrition I use the glycerophosphate of lime, sodium or lithium, or combine two or all three of them, disolved in distilled water, in a hot water bath, two, yes three or four times per day. I do not class these among the drugs, but as nutrients. If the patient is markedly emaciated emulsio sevi et olei comp. (Russell) seems to be a very valuable nutrient.

The remedies for curative purposes must be selected with care. The heredity, temperament, previous trouble, peculiarities, and idiosyncrasies as well as all conditions of amelioration and aggravation, as well as the present symptoms must be carefully collected and that remedy which most nearly covers the totality prescribed, and adhered to, the remedy must not be changed daily. There are a few remedies that seem to fit the requirements more frequently than others. Among them may be mentioned the various forms of phosphorous, possibly among these kali phos. and zinc phos. are most prominent. Anacardium and picric acid probably stand next in line.

It has been my experieuce that any of these remedies do better work in this class of cases when administered in 30th or a higher potency.

MY FIRST EXPERIENCE.

BY F. N. WELLS, M. D., CORTLAND, ILL.

Sometimes when I have read of interesting experiences of others in your most excellent VISITOR or in other journals, I have wondered if the story of my first case in obstetrics might not be of interest to those who might chance to read it. To me, it remains to this day, the most interesting case which it has been my good fortune to encounter, during a seven years practice, in which time, I have met, without failure, nearly all complications of natural labor. I was a fortnight out of College, settled in a busy town, getting some work right from the start, and awaiting with somewhat of fear and trembling that uncertain time when I might be called to attend a case of confinement and gain for myself the actual experience which I had been unable to gain before leaving College. True it is I had had the best of didactic training in this line, for certainly no one could excell as teachers, our dear old Prof's Foster and Gros-

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venor. When the call came, as come it did near the hour of midnight, I made haste to the scene of action, there to find an Irish woman of perhaps 38 or 40 years in the beginning of labor. Upon examination I found so little dilatation that I returned to my office instructing that I be called when the pains came severely and with certain frequency. So I was called again in the morning, and then I concluded to remain for the pains certainly seemed to be both severe and regular. The "old man" was at work, he was "paddy on the railroad." Part of the numerous flock of children had been sent over to "Auntie's" and part remained in charge of a 17-year old girl who was the only woman about the house, save the patient. This time there was considerable more dilatation than at my former visit, but as hours dragged slowly along it seemed to me the progress was very slow. Finally I decided to assist her with the dilatation but after a few noble efforts, she resisted further aid.

Then followed another period of weary waiting. Finally I decided to use chloroform and if necessary the forceps. After a whiff or two of the subtle fluid my patient resisted; I insisted only to have her resist the more emphatically. She would not listen to my pleading, but I was determined she should take chloroform. She struck, bit and kicked at me like a furious maniac, constantly throwing her head from side to side to evade the mask as I pressed it down. But press it down I did and managed to hold her until I finally had her completely anesthetized. Then while she was under the chloroform I started in to complete the dilatation, at the same time having to keep up the chloroform myself. When the dilatation was sufficiently complete I applied the forceps, and after a few strong pains the baby was born. The cord was duly tied, the mother watched for a few minutes, and then I washed, oiled and dressed the baby.

Of course I could do all these things, for I had heard our dear old Doctors tell how; but now I was really for the first time doing them. The baby's toilet completed I turned to the mother. Traction on the cord and pressure over the fundus availed nothing in removing the placenta. I waited an hour, an hour and a half, two hours, and no results save finally to break the cord. Concluding this was a case of retained placenta I was just a little discouraged at the prospect before me. I again insisted on the chloroform and she again resisted it as emphatically as before striking my arms until they were black and blue, and biting at me as viciously as a rabid dog. But I conquered again removing a quite firmly adherent placenta with my hand.

And then after the mother came out from the chloroform and had rested for a while I made things as clean as possible about her and about

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the bed; then the uterus having contracted nicely I returned to my office a tired but happy young "medic."

I saw her the last time when the baby was about a week old; she did as nicely as could be, and as I shook hands with her and said good-bye, she said: "God bless ye, dochter, shure an' o'ive had siven o' them now, and each time a different dochter, an' you beats them all."

A year or two later, after I removed from that town, she had the eighth "wan o' thim," and died for want of just the care which I gave her.

After I returned to my office and thought the case over, there did not occur to me one single detail of antiseptic or aseptic midwifery, not one of importance at least, that I had neglected. And so I would say to the inexperienced be confident in yourself, keep your head level, and the experience will come.

Among the Journals.

THE EASEMENT OF LABOR BY USE OF HEAT AND THE RETAINED INJECTION.

A novel method, and one which seems worthy of trial, for the easement of labor has been suggested by Dr. William A. Galloway, (*American Practitioner and News*) in which he reports very good success. The following is his paper in full:

The application of heat for the alleviation of pain has been known from the earliest period of medical history as a means simple and effective over a wide range of ailments, and has been extensively used because easy to obtain when needed by nurse or physician. The universal use of the hot-water rubber bottle has been so helpful to lessen the pains of humanity that if the name of its originator could now be obtained he would easily rank as a benefactor to the race.

Heat and moisture are such familiar agents in the relief of pain and the prevention of shock that any means extending their service naturally enlists the interest of the profession. The use of heat in confinement, to the extent of the means at command, is routine with many physicians. Cloths wrung out of hot water and applied to the perineum, hot flannel compresses over the abdomen, and hot-water bottles to the feet are helpful in maintaining the patient's comfort. Douching the vagina with hot water during labor, although recommended by some authors and prac-

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ticed to a limited extent by some physicians, is objected to, because it washes away the normal secretion of the vaginal glands and does not afford sufficient stimulation for re-secretion along the vaginal tract, an important condition to maintain during the second stage of labor.

No means seem to have been devised to overcome this objection and at the same time obtain the soothing and relaxing effect of hot water upon the rigid os, the vagina, and the perineum, and also the soothing effect of heat on the lumbar muscles. Some years ago the writer devised and had made an obstetrical rubber bedpan, with a continuous and inflatable rim, and a sagging bottom with a drainage-way attached. After experiences with the bucket into which the drainage emptied, and the drainage-way emptying its contents upon the floor, it was abandoned and a tight bedpan substituted for obstetrical work. This pan was much more satisfactory, but the patient frequently complained that the inflated rim hurt her back. When the pan was slipped downward to obviate this the rim was flattened by the weight of the hips, and the clothing and bed soiled by leakage. Notwithstanding these serious disadvantages, common to other bedpans, much comfort and cleanliness were obtained.

Recognizing the great value of heat in labor, if used properly, the writer's brother, Dr. C. M. Galloway, began to extend the use of this pan by making it a receptacle for receiving injections of hot water made into the vaginal tract and retained between pains by compressing together the sides of the vulva until, with the onset of the pain, the hot water was slowly expressed—not washed—out into the pan. The result in comfort, relaxation, and shortening the period of labor, even though dry, was so marked that extension of this method was developed as quickly as the experience of a double practice would permit. This followed an experience, in 1893, wherein an especially severe hour-glass contraction was rapidly relieved by a continuous hot-water flow against the constriction. Subsequent hour-glass contractions have yielded to hot water as readily as did this one.

For the convenient and comfortable use of the retained injection in labor, and for obtaining more perfect results from heat in the easement of pain and nervousness during delivery, it became necessary to devise an obstetrical pan embodying the necessary elements for the use of heat to the back as well as to the pelvic organs. To the inflatable rim of a general design used in the first bedpan, I have added an ample bottom with a rounding attachment to the under surface of the rim, so that there is no creasing at the line of juncture of the bottom and the rim, for the lodgment of any foreign matter, the scouring-brush and water easily reaching every portion of the pan. By the addition of an ample hot-

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water pad to the back of the pan, heat and support are afforded to the back and a perfect dam is formed, reinforcing the rim at its heretofore leaking point under the back and hips.

When true labor is begun and the os dilated the size of a dime or quarter of a dollar, a quart of hot water is put in the water-pad, the water-valve closed, and the pad blown quite full of air; the rim of the pan is inflated with air, the pan rinsed with hot water, dried and put under the patient. The air in the water-pad is then let out through the air-valve until the patient indicates that the support to her back is perfectly comfortable. From the time the heat in the water-pad begins to be felt, the back pains and the nervous phenomena from this cause, familiar to all physicians, are so greatly relieved as to practically change the vexing character of this part of labor. The hot-water pad is helpful as a body rest, a back support, and a means for the soothing application of heat to the lumbar plexus of nerves.

With the dilatation of the os above noted, a series of four or five retained hot-water injections is begun; the douche is carried up into Douglas' cul-de-sac and the vulva closed around it with the thumb and first finger of the hand not occupied with the attached syringe. One pint or more of hot water, bearable to the hand, is gently pumped into the closed vagina, and is retained from the completion of one pain until gently expelled by the bearing down of the next. After the third or fourth injection the os is relaxing, and during pains it may be readily expanded by carrying two fingers with an upward pressure around its upper edge.

After completion of the first series of injections a rest of ten minutes may be taken, then a second series of the same number of retained injections should follow. With each pain when fully on the os can readily be dilated. Upon completion of this series the os can soon be slipped over the occiput, or sufficiently enlarged to admit the easy application of forceps if desired. Following the second series of retained injections, the vaginal tract becomes thoroughly lubricated through stimulation of the vaginal glands. This use of heat relaxes to their full extent the os, the vaginal walls and perineal muscles, and gives an opportunity to the physician to assist his patient and enormously shorten her time of labor. Consequent saving of her strength and nervous force is followed by rapid convalescence. If the physician does not wish to assist in dilating the os, labor is still greatly relieved by the anesthetic and relaxing effect of the retained injection and by comfort of the hot-water pad to the back.

In these injections the hand determines the degree of heat. Water, not too hot for the hand, should be used for the injection. The patient will frequently request that some of the hot water be left in the pan

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because of its comfort to her hips. The pan is emptied of the hot water as often as necessary by reversing the syringe and pumping out into a convenient vessel, or by removing it in the ordinary way. Boiling water can at any time be pumped through the syringe to render it aseptic. When full dilatation of the os has taken place, hot water retained injections are discontinued; an inflation bag made from the highest grade of para-rubber, after aseptic preparation, is then slipped over the douche and made fast at the end by a slip-ring; with this at his side the physician has an immediate tampon for post-partum hemorrhage. A free slip-ring is placed equidistant from each end of the bag, the bag dampened in water, passed upward into the uterus and inflated with air first, then cold or hot water sprayed into it if desired.

For the relief of hour-glass contraction the douche is passed up the vagina and carefully insinuated between the placenta external and the constricting band until its tip rests against the constriction; in this position hot water is gently and intermittently thrown against the contracted womb until it relaxes. The pan forms a perfect receptacle for the escaping water; the syringe and the douche are accessories always at hand for use in this trying situation. The proper use of the anesthetic and relaxing qualities of heat is the principle about which this method centers; its corollary is that the physician is doing something to help his patient, a fact in itself of great advantage to every physician in the successful conduct of accouchement. The further question arises as to the proper antiseptic care of the rubber obstetrical pan or the rubber surgical pan. Two points are essential: First, that these pans should be made only of the highest grade of suitable smooth rubber, which can, when desired, be cleansed with boiling water. This grade of rubber is expensive compared with that ordinarily put in surgical pans made in commercial competition. To control the quality of rubber used in this obstetrical pan, the writer retains letters of patent upon it. Second, the general care of obstetrical and surgical pans when not in use. The Kelley pan is a landmark in obstetrical progress, but certainly the inventor never contemplated the use of the class of rubber found in many pans now manufactured, nor did he expect, as the writer has too frequently observed, that these pans would be hung up on any convenient nail in the open air and dust of a back office, or a catch-all room, or worse yet, in a closet with last year's buggy robes or overcoats. Unquestionably such exposure of an ordinary quality of rubber to air will quickly crack or craze it, and contact with such companions will quickly infect it. The proper care of an obstetrical or surgical pan is simple—not tedious or burdensome. Wash with hot water, then dry with a clean towel before placing the pan under the patient; this requires

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only a few moments. Soap and hot water are sufficient and ready means for cleasing after accouchement, providing, of course, that every part of the pan is accessible. Subsequent office care is easy, and requires attention only when the physician has leisure.

For this purpose a three-gallon jar or galvanized iron bucket, filled with two gallons of clean water, is a proper container for rubber pans or other good rubber goods. One to two teaspoonfuls commercial carbolic acid, one teaspoonful boracic acid, one teaspoonful gum tragacanth are added to the water; the pan is allowed to remain in the bucket for two or three days; it is then taken out, thoroughly rinsed and wiped dry, wrapped in a clean napkin, and put in an obstetric bag or in a clean drawer or instrument case protected from air and dust until needed for use. When taken out of this solution the rubber should have a slight odor of carbolic acid. With this easy care good rubber can be kept perfectly clean and its life extended much beyond the usual limit. With the two methods for asepsis herein given, if the best grade of suitable smooth finished rubber only is used in the making of an obstetrical pan, there need be no fear but that a perfectly aseptic pan is ready in every case of delivery. If to this is added the complete cleanliness of patient's bed and clothing and the easement and shortening of her period of labor, much indeed is at hand to aid the patient in parturition and save valuable time to the busy physician.

EYE NOTES FOR THE GENERAL PRACTITIONER.

Under the above title Dr. Geo. A. Suffa (*New England Medical Gazette*) after giving the general symptoms which indicate refractive errors, such as headache, the reflex symptoms, as mental torpidity, loss of memory, dull intellect, apprehensiveness of some overhanging danger, sleep disturbed; local symptoms of eyes, such as feeling of sand in them, heavy lids, especially on rising in morning, lachrymation and photophobia, he gives the Simplest Methods for Quickly Discovering Manifest Refractive or Muscular Errors as follows:

"All that is necessary for these tests is a test card having letters graded from ten to two hundred feet, and an astigmatic dial. These cards should be placed in a well-lighted part of a room, preferably twenty feet long. The twenty-foot line should be seen perfectly across this room, giving 20-20, or normal vision. Quite often the fifteen-foot line is seen at twenty feet, simply indicating that the individual has better than the average normal vision. This does not preclude refractive errors. Should the thirty-foot line be seen, the vision is 20-30; the forty-foot line,

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20-40, and so on. If only ten feet of space is available, the ten-foot line should be seen readily.

"In case the radiating lines appear unequal in distinctness, astigmatism is present; but many persons do not recognize any difference in distinctness even when the astigmatism is of fair degree. At least one half of the cases of low degree, especially if the astigmatism be facultative, recognize no difference in the radiations. Absence of visible difference cannot be taken as proof that no astigmatism exists. Especially true is it that low degrees of astigmatism that cannot be demonstrated by defective vision (without a mydriatic), or that show no difference in the radiations on the astigmatic dial, are more productive of asthenopia than are the higher degrees which are readily discovered. Therefore careful treating of these cases cannot be urged too strongly.

"An easy and unfailing method for demonstrating muscular errors is the exclusion or card test. All that is necessary for this test is a small card to exclude one eye at a time. The patient is asked to look at a candle-flame or small object placed across the room, and to observe if there is any motion of the object, and the direction of movement, while the examiner covers and uncovers each eye alternately, at the same time noting the direction of any movement of the eye. After a few trials one becomes proficient, being able to detect the smallest movement; and as the patient sees the apparent movement of the object looked at, the slightest deviation will rarely be overlooked, if this fact be borne in mind. The movement is always in the direction of the weaker muscle. Movements of the eyes with the card show exophoria, a tendency for the eyes to deviate outward. Movement outward or against the movements of the card show esophoria, a tendency for inward deviation. Movement of an eye downward shows hyperphoria, or a tendency for that eye to turn upward. In making this test it is necessary to move the card quickly from eye to eye, and to leave the card over each eye sufficiently long (fifteen seconds) for the eye to assume a state of rest before moving the card over the other eye. The test should also be made at the reading point, patients fixing a spot one-fourth inch in diameter, drawn on a horizontal line, the apparent movement of the spot and movement of eye again showing the form of error. When presbyopia is present, the test should be made with the reading lenses adjusted."

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THE PREVENTION OF NEURASTHENIA AFTER SURGICAL OPERATIONS.

Every physician has had more or less experience in treating neurasthenia in women, particularly after a surgical operation, and we are glad to find in a recent issue of the *Philadelphia Medical Journal* an article by Dr. Charles W. Burr an interest which presents the treatment necessary to prevent these tedious cases which follow operations.

It is a fact that many times a patient is instructed by her attendant to have an operation performed, but after that she fails to secure the benefit which she expected and in consequence the expense to which the family has been put by the operation to still remain an invalid. brings not only bitter disappointment but deep chagrin, and the unfortunate part of the matter lies in the fact that her physician suffers in her estimation as being an incompetent.

Says Dr. Burr: "Opinions vary widely as to the frequency of post-operative neurasthenia. Some surgeons hold that it is very rare, that the most important factor in treating surgical diseases is to remove the visible cause as soon as possible and that, after all, neurasthenia is a trifling matter, best cured by wholesome neglect. Others agree with the majority of physicians that not a few persons could be saved from weeks or months of physical and mental misery by being put upon a course of treatment. * * * A surgeon whose work is largely with acute disease, who has little to do with diseases peculiar to women, and who sees little or nothing of his patients after operation, will not have the same opinion as one whose work is largely in chronic diseases and who is in daily contact with nervous men and women." * * *

"It is a matter of some academic interest, but of little practical importance, whether neurasthenia after acute diseases is caused by the disease or the shock of operation. It is of course well known that neurasthenia and also hysteria may follow and be caused by trauma. In hysteria the shock of the accident, the horrifying accompaniments, seem to be the cause rather than the physical injury. In neurasthenia both are factors. Every great railroad accident and steamship wreck leaves a trail of neurasthenics and hysterics. On the other hand, post-operative hysteria and neurasthenia is rare. The probable explanation is that the shock of operation is of course much less than that of accident. It is foreseen, provided for and braced against. Again, more potential neurasthenics and hysterics travel than fall into the hands of surgeons. Neurasthenia is caused by so many things—inheritance, shock, auto-intoxication, worry, care, over-work—and its causes are so intermingled and so act and react on each other that it is often impossible to say in any given

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case this factor and this alone is the cause. When it follows acute surgical affections, it is probable both the disease and the operation are responsible for it, but as said before, the question is academic, not practical, operation is imperative and must be done at all hazard.

"Certain chronic diseases are always accompanied by neurasthenia; for example varicocele. In it the neurasthenic symptoms are by far the most distressing to the patient.

"The really important question is as to the propriety, or indeed rather the necessity, of preliminary treatment of women suffering from chronic, especially pelvic, diseases, more or less serious but not immediately dangerous to life, in order to shorten convalescence and hasten recovery of health. Many of these diseases produce neurasthenic symptoms which are increased by hasty operations done without preparation of the patient. The discussion as to the relation of pelvic disorders in women to neurasthenia and hysteria is an old one, well-nigh thread bare and yet not altogether settled. The epidemic insanity prevalent not many years ago, based on a fanciful pathology and presenting as its main symptom the delusion that nearly all functional diseases in women are caused by more or less hypothetical diseases of the ovaries or womb, has pretty well disappeared. Women now are credited with having possibly a few other organs and the pelvis is no longer thought to be the seat of the emotional centres. No longer, or very rarely, are ovaries which present no other sign of disease than the scars of old normal ovulation exhibited with pride at pathological societies. Reflex diseases are less frequent than formerly, and the removal of normal ovaries is no longer preached, and but rarely practiced as a means of restoring 'broken nerves'. The surgical pendulum has reached a normal equilibrium and few unnecessary operations are now done. The short period of excess was unavoidable.

"But even now we occasionally see women who after a perfectly proper operation do not recover or do not regain as full measure of health as they ought as quickly as they should, Some of them would have been benefited by preliminary treatment. Given a woman of neurotic temperament, unable from birth to well withstand the wear and tear of life, let her have some chronic pelvic, or other disorder, not progressive, not dangerous to life, it is not always wise to treat surgically at once. It often is very unwise. She is tired and worn out, has a true anemia, or more frequently a pseudo-anemia with pallid face, a washed-out skin, muscles flabby or hard and board like, yet with a normal blood count. She has vague pains wandering here and there and queer indescribable sensations in the head. She is emotional; either continuously depressed or there is the irritability of exhaustion. She has lost appetite. The bowels

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are constipated. The tongue is coated. She is poor perhaps and must be on her feet when she ought to be in bed. She has as the only organic disease to account for all these symptoms some trouble in the genitalia. At first sight one would say remove the organic disease and all will be well. The opinion is sometimes too hasty. It often is better first to put the patient through a course of general treatment and to operate later. The best method of treatment is the commonly used and well known so-called rest cure. This has been so much discussed of recent years as to have become a common-place. It has been more talked about unfortunately than properly used. Rest cure does not mean to put a woman to bed and then let her meditate on her ills and fancied sins, nor to stuff her with milk and let her become constipated. It means ordering every detail of her life for every minute of the day. To conduct it successfully the doctor must be willing to attend to small things.

"Finally, therefore, it is well in many cases of chronic surgical disease to put the patient to bed for several weeks before operation. Regulate her diet and overfeed her if she be, as is often the case, chronically starved. Sometimes milk alone is the best diet, more often a generous variety of plainly cooked food is needed. Give her exercise by proper massage, and faradic electricity. Under such a course she will gain some weight, some color will come in the face, she will be more cheerful, the shock of operation will be less, and recovery quicker in coming. Sometimes operation will be avoided entirely.

MISCARRIAGE, WITH RESPIRATION, FIVE MONTHS' FETUS.

The following interesting report of a case by Dr. Walter J. Graves (*New England Medical Gazette*) is one of value because of the rarity of such occurrences:

In reporting a case of this kind I would say that my patient, Mrs. P., was thirty-five years of age; the mother of two children, the latter born eight years ago. There had been no miscarriages, and she menstruated regularly up to June 23d, 1901, after which the usual signs of pregnancy appeared in regular sequence. Quickening was noticed about two weeks prior to Nov. 5th, when, upon returning from a call in the evening, she found the front door of the house open. The lower floor being unoccupied, she (being accompanied only by her eight years old son) became frightened by the idea that somebody was hiding in the vacant suite, who would attack her if she entered the house. When, some time later, her husband arrived, and they went into the house, she commenced to have pains, simulating labor pains, and to flow freely.

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In the evening of Nov. 8th, three days later, I was called. There was a profuse uterine hemorrhage; pains very irregular and severe; pulse and temperature practically normal. I obtained a history of a recent attack of malaria for which she had taken large doses of quinine. I ordered the usual treatment for threatened abortion, and the next morning found her condition slightly improved. Examination revealed a badly lacerated cervix, the external os being practically obliterated. The internal os was slighty dilated, very tense, and contained considerable scar tissue due to a previous instrumental delivery.

Her condition, despite all I could do, remained about the same until the twelfth of November, when at 8 p. m. the internal os had dilated to about one inch in diameter, with labor pains every two minutes. At midnight the os was about two inches in diameter, but the fetal presentation varied continually. I got the head into position by bi-manual manipulation, and the membranes ruptured thereby secured permanent engagement of the head, which, however, could make very little progress, owing to its large size and the tenseness of the os.

The pains continued severe and regular until 2 a. m., when, the patient becoming exhausted, I let her inhale a little ether, and a few minutes later the fetus was suddenly expelled with considerable force, the ether having overcome the rigidity of the os. At the moment of expulsion the patient lost consciousness, regaining it in a few minutes, to hear the fetus crying.

The head was large, with a large caput succedaneum, and showed evidence of prolonged moulding, just as if it had passed through a bony ring. It was two inches long; the rest of the fetus measuring about six inches, making a total length of eight inches from vertex to heels. Mouth and anus were open, eyelids agglutinated, hair and nails visible. There was a considerable amount of lanugo on the body. Weight, one pound.

It was wrapped in absorbent cotton and placed near the stove. It cried and moved its hands and feet for an hour, when respiration ceased; but by artificial means was restored, and lasted for thirty minutes longer, after which all efforts at resuscitation failed. The fetus was certainly of not over five months' development. A well formed placenta was delivered about an hour after expulsion of the fetus, and the patient made an uneventful recovery.

I have been unable to decide whether the miscarriage was caused by the fright, or by an excessive use of quinine, or, whether it was due to a combination of the two. The lacerated cervix may have been a factor, but two years after the laceration occurred she carried a child to term, without any symptoms of aborting. From what I have read on the sub-

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ject, I conclude that the question of quinine acting as an abortifacient is still an open one; yet, as it is claimed by some authorities to have that property, I am inclined to believe that, in conjunction with the fright and the weakened cervix, it was responsible to some extent in this case.

Recorded cases of established respiration in a five-months' fetus are, as I have said, very rare, and I should be glad to learn of others of a like nature.

ECTOPIC PREGNANCY.

Dr. Herbert F. Twitchell (*Journal of Medicine and Science*) presented a paper on the above subject at a recent meeting of the Maine Acadamy of Medicine which was of much value. He gave the history of the experience of the medical profession in these cases, and the infrequency. The most practical part of his paper was contained in the symptoms and diagnosis. The treatment is purely surgical, as no remedy we have ever heard of would cure a case of ectopic pregnancy. He said in reference to the symptoms:

"The early signs of ectopic pregnancy may be considered in three cardinal groups: general symptoms of pregnancy, pelvic pains, and a rapidly-growing tumor outside of the uterine cavity.

"The general signs of pregnancy are less well marked than in uterine pregnancy Amenorrhea is not usually complete; the patient usually has some 'show' about six or seven weeks after a normal menstruation. The false decidua forming in the uterus predisposes to uterine hemorrhage, while traumatic stretching of the tube by the growing fetal structures furnishes the exciting cause. A menstruation abnormal in time or amount should always suggest the possibility of ectopic pregnancy. When the tube actually ruptures, some vaginal flowing nearly always results and is attended by the shedding of the decidual membrane, either as a cast or in shreds. Under the microscope this will show decidual cells, but no chorionic villi. The patient, and perhaps the attendent, will consider it a miscarriage.

"Nausea and enlargement of the breasts, discoloration of the areolæ and the vaginal mucosa may, or may not be present.

"*Pelvic Pains.*—Some pelvic discomfort usually begins very early and increases as the gestation advances. In a few weeks recurring, colicky pains may begin, situated low in the pelvis, and probably due to spasms of the tube. These pains do not occur in every case.

"The pains attending rupture are sudden and agonizing in character, and attended by a degree of fainting commensurate with the loss of blood

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"*Tumor*. — If an examination be made after the fifth week of the pregnancy, it will be possible in most cases to discover a small, very tender tumor at one side or behind the uterus. If repeated examinations are made, the tumor will be found to grow more rapidly than anything else in this situation, excepting a tumor the result of acute suppuration.

"The uterus will be enlarged, softer than normal, its os more patulous, and there is an unusual amount of mucous vaginal discharge.

"The vast majority of cases rupture between the fifth and seventh week, and then we have added to the above the symptoms of abdominal hemorrhage. This is the time when the physician is perhaps first called to the case.

"When the surgeon is called, he usually finds a patient with a history and condition somewhat as follows: Generally a history of former pregnancies, with an interval of sterility and a history of some pelvic disease. Menstruation abnormal the last one or two periods, some general symptoms of pregnancy, some unusual pelvic trouble for three or four weeks, recent, sudden, very severe tearing pains, with fainting. The patient shows a degree of pallor, has feeble, rapid pulse, or perhaps is pulseless at the wrist, looks anxious, has a feeble voice, is restless, temperature subnormal, abdomen somewhat distended and tender. Pelvic examination may be negative, except for soft and patulous cervix; but usually the ill-defined hæmatocele is to be made out. If the rupture has taken place into the broad ligament the hæmatoma is easily felt. The blood clot, whether it be hæmatoma or hamatocele, may cause obstructiou of the bowels.

"Obstinate vomiting is often present.

"These are the symptoms of primary rupture in the early weeks of the gestation. If the mother and embryo survive the first rupture, there will usually be recurring hemorrhages at irregular intervals until the mother or embryo succumb; or, if the embryo has escaped, leaving a favorable attachment for the placenta, the pregnancy may proceed to term.

"If the rupture occurs before the seventh week, causing death of the embryo, and the hemorrhage has not been too fevere, spontaneous recovery may result; but this is a very rare, as it is a very fortunate occurrence. If the rupture takes place later than the seventh week, constitutional symptoms will later arise.

"In any case sepsis, abscesses, fistulæ, peritonitis and death, or a tedious convalescence, with only partial recovery, is almost sure to result unless the debris is promptly removed by the surgeon.

"If, as sometimes happens, the pregnancy advances beyond the fourth

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month, the tumor is easily demonstrable, and there are added the fœtal signs — heart beat and placental souffle. And if such a tumor can be differentiated from the uterus, the diagnosis is made. The tumor is tender, gives a sense of fluctuation, and is vascular, so that pulsating vessels are often felt. It is to be borne in mind, however, that this latter condition often exists with cancer and fibroma. If the tumor is subperitoneal, the fornix on that side is partially or wholly obliterated.

DIAGNOSIS.

"*From normal pregnancy.*—In normal pregnancy there is complete amenorrhea, while in ectopic pregnancy the history is one of disturbed, abnormal, somewhat diminished menstruation. It is necessary to exact very definite statements from the patient regarding menstruation, for a very slight variation from the normal, taken in conjunction with other symptoms, is significant. In normal pregnancy there are no signs of inflammatory action, or of tumor in the pelvis, while in ectopic pregnancy there are such signs.

"*From hydrosalpinx.*—In hydrosalpinx there are no general signs of pregnancy, the uterus is not soft, the tumor grows much more slowly than that of ectopic pregnancy. It is also less tender to the touch, less boggy, and less vascular.

"*From pyosalpinx.*—In pyosalpinx there are no general symptoms of pregnancy and softening of the uterus; there is more constitutional disturbance, more inflammatory action and fixing of the adjacent structures by adhesions and exudate, and there is a different previous history of causation.

"*From ovarian and fibroid tumors.*—These tumors are not attended by general symptoms of pregnancy, the uterus is not softened, they are of very slow growth, are not tender to the touch, do not usually cause much pain or inflammatory action, and tend rather to increase than to diminish menstruation.

"*From malignant disease.*—Cancer is not attended by the general symptoms of pregnancy, has a different history and slower growth than ectopic pregnancy, and usually attacks the uterus before it does the appendages.

" When pregnancy exists in conjunction with any of these neoplasms, then the difficulty of diagnosis is much increased, and must depend upon a careful sifting out, and weighing of all the evidence, especially of all new local symptoms, and a shrewd interpretation of the patient's history.

DIAGNOSIS AFTER RUPTURE.

"*From miscarriage with puerperal infection.*—In these cases the patient's statements are so often influenced by a desire to mislead that they must be accepted with caution.

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"Supposing the patient is septic and has a tumefaction in one broad ligament or in Douglass' pouch, is it a puerperal infection, or is it a septic hæmatoma, or hæmatocele?

"Here the diagnosis is made if we can establish or disprove the fact of a uterine pregnancy having existed, for if there has been a true miscarriage we have a puerperal infection to deal with, unless there existed that rare condition of combined uterine and ectopic pregnancy. If uterine pregnancy did not exist, we have a septic ectopic gestation.

"If we can examine the decidua, the presence or absence of the chorionic villi will establish the diagnosis, for there are no villi in the uterine decidua attending an ectopic pregnancy, nor is there a decidua reflexa. If the decidua is lost, we must depend upon the history.

"The pains attending rupture of an ectopic gestation are more sudden in onset, more severe, more tearing in character, more irregular, less protracted, and are accompanied by more constitutional disturbance than those of a true miscarriage; rapid pulse and signs of internal hemorrhage would be present also. Another point is worth considering: practically all puerperal infections following miscarriages are caused by invasion of the uterine cavity by instruments or fingers of an operator. If such have not been used, the case is probably not one of puerperal sepsis. Again, the sepsis from a miscarriage develops more quickly than that from a hæmatoma or hæmatocele, and is usually attended by a more putrid vaginal discharge.

"*From ruptured pyosalpinx*, by the different antecedent history of pus tubes. There is usually less excruciating pain attending rupture of a pus tube; the pulse and temperature quickly fall to near normal, but soon begin to steadily rise; symptoms are more of shock than of hemorrhage, and symptoms of peritonitis quickly appear.

"In ectopic pregnancy the pain attending rupture is often the first serious symptom the patient has, and it is indescribably severe; the temperature is probably subnormal, and the pulse very high, but if the patient survives a few hours it usually falls; the symptoms are more of hemorrhage than of shock; peritonitis or sepsis does not usually appear for several days.

"*From perforation of the bowels.*—Here the diagnosis is made by the antecedent history of appendicitis, or typhoid fever, or of malignant disease, and by the immediate onset of septic peritonitis following such perforations. Sepsis and peritonitis following ectopic rupture does not usually develop for a week after the rupture. The differential diagnosis between intra and extra peritoneal rupture is as follows: If the sack ruptures into the free abnormal cavity, the symptoms are more sudden and severe, the collapse of the patient more pronounced because there is

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nothing to limit the hemorrhage; for the same reason a hæmatocele is less well defined than a hæmatoma. And so if the rupture is subperitoneal, the symptoms are less sudden, the shock less profound, because the hemorrhage is somewhat limited by the confines of the broad ligament, but the pain may be more severe and prolonged and the tumor better defined and lower in the pelvis than is the case in the intra peritoneal rupture."

BELLIS PERENNIS.

Among the remedies lately brought to the attention of the homeopathic profession, and one that is likely to remain, is the English daisy or Bruisewort. The latter name is given it by the lay people because of its excellent action in cases where soreness is one of the prominent symptoms.

Its pathogenesy is not well known and in a recent journal (*The Medical Advance*) Dr. H. C. Allen gives the following:

"This member of our traumatic armamentarium holds the same place in domestic practice in England that Arnica did in Germany before it was placed on the list of our polychrests by Hahnemann and his drug-proving pioneers. Like Arnica, Hamamelis, Ruta and others, it has, in a marked degree:

Bruised soreness of affected parts. (Arnica, Bapt., Ham.)

Lameness as if sprained, of parts affected. (Rhus.)

Blueness and soreness of boils on nape. (Arn.)

Sprains of joints with great soreness, sensitive to the touch, ecchymosis and swelling. (Ledum.)

Venous congestion due to mechanical causes.

During pregnancy, inability to walk; lame, stiff, bruised sensation in abdominal muscles and pelvic organs, extending down the thighs.

The uterus feels sore, bruised; conscious of a womb; it is sore and sensitive (Helon, Ls., San.), when Arnica fails to relieve.

For the traumatism after labor, when Arnica, though apparently well selected, fails to relieve the intolerable sensitiveness to touch.

Bruised pelvic nerves; inability to walk after a difficult or instrumental labor.

Ailments from getting wet when overheated."

(We can add a personal testimony in its favor concerning its beneficial actions when there is a sore bruised feeling in the pelvic region. One case, a lady of 35, had suffered from this sore feeling, aggravated on moving, and for which bryonia had often been prescribed, for a couple of years. Examination had been refused and an exact knowledge of

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the condition of the pelvic organs not obtainable. A week's treatment, some six months ago, has been all that was necessary for the bellis perennis to effect a cure. It was given in drop doses of the tincture every four hours.—EDITOR.)

A FEW MORE LEADERS.

Dr, E. B. Nash's ability to present a remedy, or set of remedies, so the genius of the drug will be readily grasped by the reader, is well attested by the large sale of his work entitled "Leaders in Homeopathic Therapeutics." He has written a short article (*Medical Counselor*) under the heading at the begining of this article from which we copy the salient points:

On page 418, in the Therapeutic index, I mention only one remedy for lumbago (Rhus. tox.) Of course I would not suppose that any one would so understand the scope of the work as to think that I considered Rhus. the only remedy for that painful affection. It will be noticed that lumbago is spoken of on pages 82 (2d edition) instead of 81, as indicated in the index. Let me here call attention to a seeming exceptionto the general rule, "from motion" of Rhus. tox. It is in that form of lumbago known as "kink" or "crick" in the back. It comes on suddenly and the patient is unable to move without the greatest suffering. It will sometimes come so suddenly and violently as to throw him down, or, if he is stooping to catch and hold him in that bent position for minutes, hours or days at a time. This seems to contradict the chief modalty of Rhus. "from motion." But let us not conclude too quickly. My observation has been that even in a case like this, the patient wants to be moved frequently, even though the act of moving is attended with pain.

If he remains long in one position he aches harder and harder and perfect quiet does not relieve like the Bryonia case. So the great characteristic holds good after all. Now let me for a brief space call attention to a few other remedies, which, though not mentioned in the text under the name of Lumbago, are nevertheless equally efficacious for it when indicated by the symptoms. What is in a name after all? We must remember that lumbago comes properly under the head of rheumatic affections; but the fact is that backaches of all sorts (especially in the lumbar region) and from various causes, such as kidney affections, even lumbar abscesses in their beginning, are often called lumbago.

From a therapeutic standpoint alone it might not make so much difference, for the symptoms all together must decide the choice of the remedy after all. But it must be all the symptoms. For instance, turn

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to page 266 "Leaders." Let me quote for the benefit of those not having the work. "Bruised pain, with stiffness and lameness in the small of the back." "Rises from a seat with difficulty." "Backache—when sitting or lying, especially when lying in bed in the morning." "Sensation of numbness, stiffness and lameness, with painful pressure in the lumbar and renal regions." "These pains sometimes extend all through the hips." Guernsey says, "A great many old troubles in the back." "Sufferings in the back agg. by fatigue." "One might say, all these symptoms are found under Rhus. tox." "True, but in the Berberis case all come from or in connection with kidney or urinary troubles. Rhus. tox. seldom so." Now I will quote no more here, but will say in addition, that we must not conclude that because we have urinary conditions or symptoms present, that it is not lumbago, because not rheumatic, for Berberis is also an excellent rheumatic as well as kidney remedy. I once made a brilliant cure of a long standing case of rheumatism, where, in addition to the back and kidney symptoms of this remedy, there were also present great swelling of the knees. The bubbling sensation and soreness in the region of the kidneys spoken of on he same page in "Leaders" was markedly present.

Rhus. tox had been given, but did not "hit" the case. I am sure that Rhus. is frequently used when Berberis would do better. Indeed, I know it. Now we "hit" the case. I am sure that Rhus. is of the back, let us spread out a little and take in a few of the remedies that act along the whole length of that quite important part of our anatomy. We know that Rhus. tox not only acts in the lumbar and dorsal regions, but also in the cervical, causing stiff neck, and is one of our best remedies, the characteristic causes and modalities being present.

Here let me call attention to another remedy. I omitted to mention it in my "Therapeutics" in this connection, but did bring it in on page 192 of "Regional Leaders." It is Cimicifuga racemosa, and the symptom is as given by T. F. Allen in his "Text Book," page 357. "Rheumatic pain in the muscles of the neck and back, a feeling of stiffness and contraction or retraction." My old preceptor, Dr. T. L. Brown, cured many cases of the kind. I have done the same and no not know of a remedy more frequently indicated and efficacious. Now, when we come to those other two symptoms found on page 193 "Regionals," "stiff neck from cold air, or from even moving the hands," and "Severe aching pain in the lumbar and sacral regions, down the thighs and through the hips, with heavy pressing down." Also (page 162) under "Female Sexual Organs"—"Severe pain in the back, down the thighs and through the hips, with heavy pressing down" it seems that one has a very important back remedy in Cimicifuga. And so we have.

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Perhaps some one will object that this last symptom is in connection with menstrual troubles, and therefore ought not to be classed with those having to do with lumbago, which is a rheumatic affection of the lumbar muscles. This makes no difference as long as the fact remains that Cimicifuga is preeminently a rheumatic remedy. Now in muscles of the back, and again, menstrual troubles may also be of rheumatic origin. There is no reason why the rheumatic affection may not alternate in its manifestations between back and uterus (which latter is also a muscular organ) or even exist in both places at the same time, which, in fact, is often the case. Both the pathological and symptomological indications being present, the indicated remedy must relieve if relief is at all possible.

THE CURATIVE POWER OF MENTAL IMPRESSION.

Dr. Sheldon Leavitt (*Medical Century*) has a short article under the above heading which is worth reading, as in fact is all that comes from his pen. Dr. Leavitt is a careful observer, would rank as a conservative, and his thoughts along this line are worth noting, if not following. He has had a splendid opportunity of watching the effects of mental impressions, has made an earnest study of the phenomena, and puts mental therapeutics at its true worth. He says:

"Our success in holding patients and in curing them is in exact proportion to the certainty and depth of the psychic impression made upon them. Few will deny this. Many are exercising a mental control of their patients without knowing it. Notice, if you will, that those who scout the truth of this postulate are chiefly Failures and Ne'er-do-wells.

The man of tact, whether he believes in the power of mental impression upon the physical organism or not, depends on it for his success, and finds in his artful adaptation of himself and adjuvants to varying environment with a view to make and hold his practice the true psychic element of achievement.

"The man of potencies, with his well-thumbed repertory and accredited knowledge of modalities, meets his best successes in complying with psychic law. First of all he is self-convinced. He has implicit faith in his medicines and their reputed mode of action; and accordingly proclaims the mighty curative power placed within his command, in no moderate tones. 'Eureka,' he cries, 'I have found it! I have found it!' when once the similimum has been run down; and, often, by his very enthusiasm awakens curative confidence in the minds of his patients. 'As a man thinketh in his heart, so is he,' the world through.

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Expectation of relief redoubles the energy of the remedy. Nor is the acceptance of this as a stout aid to the curative action of such remedies a reflection on those who pin much faith to what are termed 'high potencies.' I am convinced that many, if not most, of the results obtained under any form of treatment owe their benign nature in great measure to psychic action.

"But what of it? Why should we be prejudiced against a particular mode of action if it but be recognized as energetic and efficient? The result is what we seek; and to me it matters little whether the drug taken acquires its power by virtue of chemical or of vital action, or whether the life energies are awakened through the physical or the mental medium."

A NEW TEST FOR ALBUMIN.

The following short, instructive, paper by Dr. Flora C. Tuchs (*New York Medical Record*) is worth keeping; it enables one to make a satisfactory test for albumin as we can speak from experience:—

This new and simple test is based upon the following facts: (1) Albumin is coagulated by carbolic acid; (2) Equal volumes of non-albuminous urine and a mixture composed of equal parts of carbolic acid and glycerin, form an emulsion which clears up entirely upon agitation, leaving a perfectly transparent and highly refractive liquid; (3) Equal volumes of albuminous urine and the above mentioned carbol-glycerin solution, when mixed together, produce a white turbidity, which remains, in spite of agitation, and does not precipitate on standing, nor re-dissolve.

The test is very sensitive, distinctly showing the presence of 0.1 per cent. of albumin in the urine, the degree of turbidity being proportionate to the percentage of albumin contained in the urine.

Numerous and repeated experiments were made by me to substantiate the observation that this turbidity occurs only when albumin is present, and, furthermore, that it is due to the presence of albumin and is a suspension of coagulated albumin.

For this purpose many specimens of both nephritic urine and urine of patients suffering with cystitis have been tested, as well as numerous specimens of urine proved free from albumin by the recognized and generally used reagents for the detection of albumin.

In no instance did a urine, shown to be free from albumin by the recognized tests, present the slightest turbidity by this new reagent, nor did a urine, proven to be albuminous by the same tests, fail to show the characteristic white turbidity after treatment with the carbol-glycerin solution.

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The method of applying the test is very simple, and requires as little or less time than the other reliable tests for albumin, and, as the carbol-glycerin solution is a non-irritating mixture, it is much to be preferred to the disagreeable nitric acid.

The solution consists of carbolic acid and glycerin, equal parts. Glycerin is added to prevent the formation of a permanent emulsion between the carbolic acid and the watery element of the urine, and is added in excess so that no possible error can occur from this cause.

Test.—2 Cc. of carbol-glycerin solution are poured into a small test tube, and 2 Cc. of the filtered urine are added. Mix thoroughly with a glass rod, or agitate. If a clear transparent liquid results, there is no albumin present; but if the slightest turbidity is noticeable, the urine is albuminous.

Materia Medica and Therapeutic Hints.

Orchitis.—Dr. W. T. Gemmill, of Forest, O., strongly recommends the use of poultice of the common chewing tobacco for the relief of the pain and swelling of the testicle in orchitis. If feverish give gelsemium and phytolacca and pulsatilla.—*Med. Gleaner.*

Mastitis.—One of the most efficacious compresses for inflamed mammary glands is one wrung out of a two per cent. carbolic lotion. This rapidly relieves the congestion and prevents suppuration while the indicated remedy whether phosphorus, phytolacca or belladonna corrects the system.

A Cure for Warts.—We have found nothing more generally useful than the repeated application of the end of a bit of wood (e. g., a match) moistened with acid nitrate of mercury, care being taken only to touch the top of the wart and not to let the fluid run to the sound tissue. The wart gradually shrivels and finally falls off.—*New York Med. and Surg. Journal.*

Diagnostic Aids.—Pruritus of the anus is frequently one of the early symptoms of prostatic disease. Sciatic neuralgia in females is often the result of ovaritis. Clubbed finger tips are common in tuberculous and other wasting diseases. Morning sickness and loss of appetite for breakfast are common forerunners of consumption. Enlarged lymph-nodes of the neck in a child may be due to hypertrophied tonsils or to adenoid vegetations.—*Pennsylvania Med. Jour.*

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Strychnine.—The dose of a remedy required is by no means a stable one, for the amount of blood appears to influence the action of a drug in the living organism. Young infants, ill fed, emaciated, slowly convalescent, or septic patients, or those in whom the nerves—for instance, in infectious fevers—have undergone organic deterioration, require larger doses apparently of strychnine (also of other poisons, such as quinine, atropine and nicotine) than the normal organism. The new-born infant is but little sensitive to strychnine. In older children unexpected effects of strychnine have been observed; serious accidents have been recorded following its subcutaneous use in diphtheritic paralysis.—*Chi. Med. Times.*

Sulphur in Eczema.—Itching worse in warm bed. Skin rough, scaly, scabby. Disposition to excoriate. Voluptous itching and tingling with burning soreness after scratching. Pustules and pimples on burning and painful surface. Soreness in the folds of the skin, especially in the folds of extremities and genitals. Itching keeps patient cold at night. Takes cold easily. Among my first cases in practice was a baby three months old, who had asthma, and in questioning the mother I found that the asthma came after an eruption had disappeared from local application. I cured the asthma with sulphur 200th, but brought out the eruption again which proved to be eczema. Sulphur 200th also cured that. —Dr. J. G. Randall in *Medical Magazine.*

Inflammation of Left Ovary.—The patient was a married woman, who had had several children, and two miscarriages. She suffered great agony, the pain, of a burning, shooting character, extending from the ovary down the thigh, to the left knee. I prescribed tincture colocynthis, two minims every three hours, and externally, iodide of potash liniment to be well rubbed in over the affected ovary twice a day, morning and night, the part being first bathed with warm water. The patient made rapid progress, and at the end of three weeks of the above treatment no longer felt any pain or distress in the ovary. I have come across several cases similar to the above, and have always found colocynthis (internally) and the iodide of potash liniment (externally) as the remedies par excellence.—Dr. Fred. Kopp in *Hom. World.*

Vaccination.—We have heard all kinds of objections to the application of vaccination as a prevention in epidemic smallpox. We have been told of its dangers as well as the false logic of its theory. And yet, so far as we can learn, no authentic statistics have been given which should prejudice the principle nor, on the other hand, have we been furnished with absolute proof that any other management of the disease is more satisfactory. The objectors should first prove the inefficiency of vaccination. Point out the uniform dangers and at the same time furnish us with a

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better means of combating the disease. In this age of progress we should always be willing to be convinced of error and stand ready to accept any new suggestion which may safely supplant an old theory. Until this can be done we should just as surely hold fast to that which, so far, has been accepted by the majority of careful students as a positive prophylactic.—*The Clinque.*

A New Method of Outlining the Stomach.—Queirolo and Landi, of Pisa, Italy, have recently described a new method for locating the greater curvature of the stomach. It consists in attaching a thin rubber tube, such as a condom, over the end of a stomach tube, introducing this while collapsed into the stomach, and then inflating it to a moderate degree. The other end of the stomach tube is attached to an ordinary writing tambor, used in studies by the graphic method. The movements of the stile mark the motions of the diaphragm in respiration. With the patient lying upon his back, percussion is made over the stomach. Each percussion blow, when made over the stomach, produces a movement of the stile, but as soon as the tapping extends outside of the stomach area, no moyements are observed. This method, of course, requires that the patient should be accustomed to the tube so that the observations may not be disturbed by retching movements.—*Modern Medicine.*

Rapidly Fatal Scarlatina.—The most rapidly fatal case mentioned in Nothnagel's System of Medicine died in 26 hours; in Keating's Cyclopedia, in 24 hours. Bessey and Goodhart had seen cases die in 24 hours. W. S. Morrow (*Montreal Med. Jour.*, December, 1901) cites the case of a boy 2 years and 11 months who came in from play and felt sick and vomited at five o'clock in the afternoon, had a loose, dark-colored stool in the night, played with his brother in bed next morning, ate a baked apple at noon and died in convulsions at half-past five. No physician was in attendance, but four hours after death reddish patches were visible on abdomen and thighs, the glands at the angle of the jaw were enlarged, and, on prying open the mouth, the tonsils were seen large and red, the redness extending upward on to the palate. The viscera were negative. A scarlatina epidemic was raging at the time, and a brother developed the disease a few days later.—*Med. News.*

The Tobacco Habit.—Many physicians never realize the detrimental effects of tobacco on some of their patients. Yet it is common to read about "tobacco heart" and other results that follow the habit of using tobacco. There is no doubt that some persons cannot use tobacco in any form, or in any amount, without positive injury. In persons who are of the nervous temperament, we will generally find that tobacco will produce

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functional heart disease, and this, too, is very often associated with gastric catarrh or some other affection. I have seen many cases of catarrh of the stomach which resulted from the constant and liberal employment of tobacco. Tobacco, either smoked or chewed, causes the greatest activity of the salivary glands, and in this way, of course, works great detriment to our patient. Patients come to us, complaining of pain in the region of the heart; along with this is associated palpitation, which always causes the patient alarm. These symptoms may be found in many, and, I might say, are due to excessive employment of tobacco. Patients will also apply who complain of sick stomach after eating, with or without palpitation of the heart. These symptoms will almost invariably be found associated with tobacco poison.—*The Medical Summary.*

Thuja in Eczema:—Dry, scaly eruptions on head extending to the temples, eyebrows, ears and neck, with itching and tingling. Skin very sensitive to touch. Burns violently after scratching. Eruptions only on covered parts, worse after scratching. These are only a few of the remedies that we will find useful in this disease, which so often baffles our best specialists and torments our patients almost past endurance. But I am more and more convinced that if we would only read the more on the symptomatology of our case and select our remedy more to cover these symptoms and not give so much time to ointments, lotions, we would have far greater success. Do not misconstrue my meaning that we are not to use every means at our command to cure our patient, but I think we rely too much on external application and too little on the internal, for I think you will be many times agreeably surprised at what a high potency will do if carefully selected.—Dr. J. G. Randall.

X-Ray Treatment of Cancer: Report of a Case.—A man, æt. thirty-nine, had his left testicle injured four years ago. The organ had pained him at times ever since. About a year ago he noticed it was growing larger quite rapidly. Last March the organ was removed and examined microscopically and pronounced to be a carcinoma. Four months later the patient had a recurrence of the pain, and examination revealed a nodule in the inguinal canal on the cord. This nodule seemed to be attached to the surrounding tissue, and was declared by the surgeon who had operated in the first place, and by two others in consultation, to be a recurrence of the cancer. The patient, being discouraged by the failure of the first operation, refused to have a second, and decided to try the X-ray. After six-weeks' treatments of three per week for six minutes, each at five inches distance, the nodule has entire disappeared, as has also the pain. The surgeon above referred to examined the case after the treatments and concurred in the opinion just stated.—*Journal of Electro-Therapeutics.*

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Notes on Some Diseases of the Kidney and Bladder in Infancy.—By Dr. John Lovett Morse.—The author's experience leads him to believe that diseases of the kidney and bladder are not at all uncommon in infancy, and that the examination of the urine will render a diagnosis possible in many doubtful cases and throw light on many obscure symptoms. It is not enough to examine the urine only in cases in which diseases of the urinary organs are suggested, because the symptoms of these conditions in infancy are not only almost never characteristic, but usually misleading. It should be examined as a routine procedure, otherwise most of these cases will be missed, and diseases of these organs will continue to be as uncommon in the future as they have been in the past. If it is examined as a routine measure, the author feels sure, there will be a very sudden increase in the frequency of these diseases, an increase, however, seeming rather than real.—*American Medicine.*

Cerebral Hemorrhage.—In *Merck's Archives* for March, 1902, Dr. William Browning presents a series of "dont's" to be remembered in the treatment of cerebral hemorrhage. Don't give stimulants. Their use in such cases is most reprehensible. Don't resort to saline injections. During the acute stage a limitation of fluids is in order. Don't use the depressant diaphoretics such as ipecac, pilocarpin or apomorphin. They tend to nauseate, an inclination otherwise too common and, in the degree of attempts at vomiting, most undesirable. Don't prescribe digitalis. The author has repeatedly seen it bring on another attack. It is a dangerous drug in any individual with a liability to apoplexy, and for this if for no other reason of questionable utility in nephritis. When anything of the sort must be used, strophanthus is safer. Don't resort to opiates. They are likewise contraindicated. Don't try nitrites, as their use in any form is here out of place. Don't permit any muscular exertion on the patient's part, and moving by others should be limited as much as possible.—*Cleveland Medical Journal.*

Penthorum Sedoides—Virginia Stone Crop.—This drug is said to be astringent and demulcent, and to be especially indicated in mucous membrane troubles where there is relaxation and fullness, abundant secretion, spongy gums, etc. It is especially adapted to catarrhal diseases of the post nasal region, when there is trouble in and about the pharyngeal vault or Eustachian tube. Chronicity is about always a prominent feature. The remedy is not very active, and its use should be persisted in for some time. In chronic pharyngitis or these nasal diseases when the membrane is full, purplish, congested, with hypersecretion of a glairy mucus, try penthorum. It is beneficial when the same conditions prevail in stomach and intestinal disorders. It lessens

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the discharge from a diarrheal intestinal track about as readily as it influences the hypersecretion of a bronchitis, a pharyngitis, a vaginitis, or a urethritis. Penthorum has been variously recommended as a valuable remedy in cholera infantum, hemorrhages, and in nervous dyspepsia. The dose of the specific medicine is from one to three drops, well diluted in water, to be taken every four hours continuously for a long time.—W. E. B., in *Eclectic Medical Journal.*

The Value of Mental Symptoms.—Miss E. B., 23 years, spare, medium height, not strong. Has to be careful about overdoing, especially at her menstrual period. Menses too soon, never going over three weeks. Menses profuse and lasting a week. Has much menses; faints easily with palpitation; pain in heart, irritable before menses especially; tires with little exertion — hands cold, sleepless and restless at night. Dreams, very cross after bad night's rest. Her sister being present says she is impatient, easily excited to anger; insulting, uncivil, "hard to live with her, she is so cross." The leaders in the group of cross remedies are *Chamomilla*, *Nux vomica* and *Staphisagria*. Of course *Chamomilla* was selected. Three powders of the 200th were given six hours apart. *Sac. lac.* three times daily for one month. Word came by mail that she was better and wanted more medicine. *Sac. lac.* was sent for another month. At the end of that time report came that she was well, which was a new experience to her. No more medicine needed. Time will tell whether this is a permanent cure.—W. H. LEONARD, in *Hahn. Advocate.*

Rest in Heart Disease.—Now as to those who must rest; this class includes all cases of advanced weakness complicated

(1) With renal lesion.

(2) With pulmonary lesions.

(3) With endocardial (valvular) lesions.

(4) With collections of serous fluid in the areolar tissues, the peritoneum, the pleuras and, of course, in the pericardium.

(5) With the production of pain, dyspnea or syncope on slight movement; this will include all cases of advanced degeneration.

(6) With the presence of any acute changes attacking the heart or any other organ.

The second class (those who should rest) includes:

(1) All recent cases of dilatation, arising from any cause.

(2) All early cases of recurrent angina, even when not of a severe type.

(3) A considerable number of irritable hearts (nervous palpitation and tachycardia) dependent on the menopause, an accession of Graves' disease, or arising in the course of uterine myomata.—*Med. Era.*

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Fracture Suggestions.—Never apply a plaster splint to a compound fracture.

Treat the lacerations and contusions antiseptically.

The bandage is so applied that, while holding the bones, it does not cover the laceration.

It is a good rule to unbandage a fractured limb every two to five days, particularly a compound fracture; then wash and rub the limb thoroughly.

Ununited fracture comes more frequently from circulatory stasis than from movements of the fractured ends; then do not be so dreadfully afraid of possibly breaking adhesions when the splint is carefully removed.

A little massage will quickly compensate for a trifle of the disturbance of the fractured ends.

Every traumatism has its medical as well as surgical aspect; that's what's the matter with the man of one idea—the surgeon.

Above all, call frequently upon your fracture cases; and if they want the dressings or splints altered, try to oblige them, for that is what they pay you for.—Dr. Boynton, in *Medical Journal.*

Treatment of Syphilis.—Dr. E. Gaucher recently described the preparation he uses in his treatment of syphilis, which is benzoate of mercury. He first of all used Stoukowenkoff's formula, which consists in a mixture of benzoate of mercury, chloride of sodium, and hydrochloride of cocaine. Then he tried Bretonneau's formula, which contains benzoate of mercury, of sodium, and of cocaine. This preparation is made with some difficulty, on account of the excess of ammonia, so Dr. Gaucher has tried the normal saline solution. The preparation should be newly made, and the druggist must use some benzoate of mercury prepared in the following manner: Oxide of mercury should be treated by nitric acid, heated, then diluted and added to a solution of benzoate of soda. The result should be washed in cold water for seven or eight days. This salt can be kept two months. A 1 per cent. solution containing:

Benzoate of mercury...	·1	75
Chloride of sodium.....	10	
Distilled water.....100		

can be employed, and it causes but slight, if any, pain. The formula indicated above is strongly recommenned by Dr. Gaucher, who is one of the leading dermatologists in France.—*Therapeutic Gazette.*

Potato Diet in Diabetes.—M. Mosse, professor of the faculty of Toulouse (*The Lancet*, Jan. 4, 1902), not only supports the theory recently put forward by Dujardin-Beaumetz that of all starchy sub-

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stances potato is the least harmful to diabetics, but he holds that it is actually beneficial and constitutes an essential element in the treatment of diabetes. M. Mosse gives potato in place of the ordinary ration of bread, in proportion of three times the weight.

Far from increasing the sugar, the use of potato diminishes its output, and clinical examination of the urine shows that the carbohydrates of the potato are absorbed and utilized. The results are better in that form or diabetes which is marked by thinness than in the fat form. The potato containing weight for weight twice the amount of water that bread does and nearly the same quantity of potassium salts, a patient taking three times as much by weight of potato as he would of bread gets six times as much water and three times as much potassium salts, while the starchy matter remains unchanged. Potassium salts are an integral part of the alkaline treatment of diabetes, and the good which they do easily counterbalances the harm done by the ingestion of the starchy matter. Under the potato treatment, the sugar disappears, and the appetite and general health improve.—*American Medicine.*

Ichthyol in Granular Conjunctivitis. — Dr. Popov, on account of ichthyol being recommended by Jocovides and Bielevitch in catarrhal and phlyctenular conjunctivitis and trachoma, has employed it with good results in granular conjunctivitis. He employs it in 10-20 per cent. solutions as a collyrium. He everts the lids and drops onto them the solution of the drug in water, leaving it there until the sense of burning begins to disappear, when the excess is wiped off with a tuft of cotton. He has treated thus thirty cases, of which six had incipient trachoma, one dry granular conjunctivitis without catarrh of the conjunctiva, seventeen chronic trachomatous conjunctivitis, with diffuse infiltration and hypertrophy of the conjunctival sac, accompanied by very profuse muco-purulent secretion. The first class of patients were cured in two to five weeks. The dry form required a month and a half. The patients of the third group were cured in two months. Of those with hypertrophy of the conjunctiva, four were definitely cured in four months, and in the thirteen others there was considerable improvement, with diminution of the muco-purulent secretion and of the thickening of the conjunctiva, as well as by the appearance of little islets of healthy conjunctiva. The instillations are but little painful, and less so than those of the nitrate of silver or of the sulphate of copper. In one case he noted a peculiar idiosyncrasy towards the drug manifested by edema of the conjunctiva. —*La Semaine Medicale*, No. 11, 1902.

Heart Symptoms of Cactus.— A few of the heart symptoms are. "Feeling as if the heart was compressed or squeezed by the hand. Cardiac rheumatism. Heart seemed to be held by an iron hand for

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many hours. Pain in the cardiac region. Great pressure at heart, going round under left axilla to back. Often this pain shoots down the left hand; is attended with numbness, and sometimes with swelling. Numbness, tingling, swelling. "Dull pain in the heart. Heavy pain in the heart, aggravated by pressure. Contractive pain in the region of the heart going down to left abdomen. At times felt as if someone was grasping the heart firmly. Paroxysms of pain in the heart" — that is, this kind of constriction comes in periods or violent paroxysms. "Acute inflammation of the heart. Chronic inflammation of the heart. Palpitation of the heart, continued day and night; when walking, and at night, when lying on the left side." These are the principal ones, but there are a great many others. Another thing running through cactus is, chest symptoms often come on — are exaggerated — at 11 o'clock, at that hour in the morning or at night. Its intermittent fever will bring on a chill with violent congestion to the head at that 11 o'clock hour. Regular paroxysms come on at 11 a. m. and 11 p. m. That is a general expression; sometimes it may be at 11 a. m. and at others 11 p. m. This remedy has cured intermittent fever of the congestive type, when the congestions are here and there, but particularly at the head, with constrictions, contractions.— Dr. J. T. Kent, in *Hahnemannian Advocate.*

Nervous and Mental Diseases.—After a study of the Babinski reflex in one thousand cases, C. Van Epps, M. D., makes the following statements:

In sixty-two cases of spinal cord disease with lateral tract involvement, extension was present in thirty-nine cases, flexion in sixteen cases, no motion in seven cases. This series included cases of spinal syphilis, cerebral-spinal syphilis, myelitis, compression myelitis, traumatic myelitis, syringomyelia, multiple sclerosis, atazic paraplegia, spastic monoplegia, meningo myelitis, and infantile paraplegia. The conclusions to be derived from this study seem to be seven in number:

1. That an attempt to elicit the Babinski reflex in a normal adult may result rarely in extension of the toes.

2. For very young children no reliance can be placed upon the character of the response.

3. In children more than two years of age, the response is similar to that of the normal adult.

4. Of the diseases of the nervous system with no pyramidal tract involvement, tabes and neurasthenia may show typical extension.

5. In hemiplegia, extension is more frequently present on the paralyzed side, flexion on the sound side.

6. In diplegia, extension is more constant than flexion.

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7. While in the cases of spinal cord disease with lateral tract involvement, those cases especially indicated by Babinski, only 63 per cent. showed extension, 26 per cent. responding with flexion of the toes.—*Woman's Medical Journal.*

Tonsillitis and Rheumatism.—In spite of the fact that many assert that there is no connection between tonsilitis and acute inflammatory rheumatism, we believe there is sufficient ground for us to warn our tonsilitis patients that there may follow an attack of rheumatism. This we believe is particularly true of follicular tonsillitis, and especially if the patient has had one or more previous rheumatic attacks. We believe such a warning to be just to the patient, that he may not unnecessarily expose himself after an apparent quick recovery from the throat affection. Again, it saves the physician from criticism for having neglected to forearm his patient, and it gives the latter more respect for the medical acumen of his adviser.

We not only feel that the physician should advise concerning the possible rheumatic invasion, but that he should warn the family of the probable contagiousness of the throat affection. We say *probable*, because we are aware that it is not now regarded as a contagious affection, but we believe the time is fast approaching when the contagiousness —perhaps mild as compared with other contagious diseases—will be universally recognized in all acute inflammations of the throat and of the acute catarrhal affections.

The possible attack of rheumatism as a sequel should be recognized by the practitioner for the better treatment of his case. May it not be due to the rheumatic tendency that ammoniated tincture of guaiac in selected cases owes its efficiency! We are well aware too that macrotys will often be the leading remedy, and will be pointed out by common and well known eclectic indications for that drug. We have gotten in the habit of using sodium salicylate in the majority of tonsillitis cases where we find no contra-indications for the drug. In these cases we have not waited for specific indications to develop. We find that it renders many cases mild, and if rheumatism follows it is more easily managed. Is it not a little strange, too, that the leading remedies, barring perhaps belladonna and potassium chlorate, are the more successful of the scores of drugs that have been used in the treatment of acute inflammatory rheumatism: namely, aconite, phytolacca, gelsemium, bryonia, apis, rhus, guaiac, sodium salicylate, and veratrum.—Editorial, *Eclectic Med. Journal.*

Baryta Muriaticum.—Barium and its salts, says Dr. Stonham, are well known to exercise a marked effect upon the unstriped muscular coats of the arteries, stimulating them to contract, and probably also

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influencing their nutrition. This may be the reason why barium has been used in the treatment of *aneurysm*. There are several successful cases reported in our literature. Dr. Stonham adds several other cases; which, while they could hardly be called cases of true aneurysm, upon the data given, show that there was a localized lack of tone in the muscular arterial coats, some dilatation, throbbing and pain. It is not unreasonable in the author to conclude that such cases might ultimately proceed to aneurysmal dilatation. At all events, the effects of the administration of baryta mur. were very happy. It is not often that cases of this nature are reported. A middle-aged woman complained of pain in the left shoulder, worse on movement. On examination there was found, over the left clavicle, swelling and increased pulsation. Apparently this was due to a dilated condition of the subclavian artery. Beneath the clavicle, over the outer part of the first intercostal space, pulsation could also be felt. The pain extended down the left arm. She suffered from flushing of the face. The author does not tell us about the condition of her heart, so it is presumed that organ was in a healthy state. The remedy chosen was baryta mur. 3. Later on IX was used for a short period. Duration of treatment was one year. Medicine was given interruptedly. Result, recovery and disappearance of above physical signs.

A woman aged 38 years had for three years suffered from pain in left chest and left arm. There was a bulging at the junction of third rib with its costal cartilage. This had been diagnosed aneurysm by another observer. We are told that a systolic murmur could be heard over this bulging, transmitted to the left and under clavicle. No impulse could be felt, however. No other heart murmur was present, but the apex was in the nipple line. The sphygmogram showed a rapid pulse of low tension. This patient lifted and carried heavy articles with her left hand. She had much pain running down that arm to the elbow and stinging pain under the left clavicle. She also suffered from rushes of blood to the head, faint feelings, and dyspnea on exertion. The remedy chosen for her was baryta mur. IX. All symptoms disappeared, save slight bulging at the location first mentioned.

The author then refers to a series of cases in which there were sharp abdominal pains between the navel and the ribs on the left side, worse from any exertion. Pains centering about the umbilicus, with sinking feeling — worse likewise from motion. All these cases had associated with their abdominal pains undue aortic pulsation. Baryta mur. 3x was successful in these cases, as in the former ones.—*Monthly Hom. Review.*

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Use of Borax and Boric Acid.—In 1899 the local government board of England appointed a committee to investigate the use of preservatives and coloring matter in the preservation and coloring of food. The result of the work of this committee has appeared in the form of a voluminous blue book. The report is made up of the testimony of importers and other dealers in food products in England, of prominent physicians and health officers, and of certain scientific investigations carried on by members of the committee, together with reports of the personal investigation of dairies in Holland, Denmark, and other countries.

The following recommendations were made by the English Commission to the local government board:

1. That the use of formaldehyde or formalin, or preparations thereof, in foods or drinks, be absolutely prohibited, and that salicylic acid be not used in a greater proportion than one grain per pint in liquid food and one grain per pound in solid food, its presence in all cases to be declared.

2. That the use of any preservative or coloring matter whatever in milk offered for sale in the United Kingdom be constituted an offense under the Sale of Food and Drugs Acts.

3. That the only preservative which it shall be lawful to use in cream, be boric acid or mixtures of boric acid and borax, and in amount not exceeding 25 per cent., expressed as boric acid. The amount of such preservatiue to be notified by a label upon the vessel.

4. That the only preservative permitted to be used in butter and margarin be boric acid or mixtures of boric acid and borax, to be used in proportions not exceeding 5 per cent., expressed as boric acid.

5. That in the case of all dietetic preparations intended for the use of infants or invalids, chemical preservatives of all kinds be prohibited.

6. That the use of copper salts in the so-called "greening" of preserved foods be prohibited (one member of the committee, Professor Tunnicliffe, dissented from this recommendation).

7. That means be provided, either by the establishment of a separate court of reference, or by the imposition of more direct obligation on the local government board to exercise supervision over the use of preservatives and coloring matters in foods, and to prepare schedules of such as may be considered inimical to the public health.

A further conclusion upon which their recommendations are founded, is the statement that as regards the trade in fresh and cured meat, fish, butter, margarin, and other food substances, in the consumption of which but small quantities of the antiseptic are taken into the system, there exists no sufficient reason for endeavoring to prevent the use of borax

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preservatives. Biernacki, in his experimental work, came to the conclusion that in the preservation of meat three per cent. of borax is as effective as twenty per cent. of salt, and as four per cent. of boric acid.

Victor C. Vaughan and William H. Veenboer, both of the University of Michigan, after experiments upon the preservative properties of borax and boric acid upon meat, cream, butter. and margarin, conclude from their study of the literature and from their own investigations:

1. The use of borax or boric acid as a preservative in butter and cream in the quantities specified in the recommendations of the English Commission, is justified by practical results and by scientific experimentation.

2. The dusting of the surfaces of hams and bacon which are to be transported long distances, with borax or boric acid, not exceeding 1.5 per cent. of the weight of the meat, is effective, and not objectionable from a sanitary standpoint.

3. Meat thus dusted with borax or boric acid does not become slimy, because the preservative thus used prevents the growth of acrobic, peptonizing micro-organisms.—*American Medicine.*

Varicose Ulcers.—Varicose ulcers often give one a great deal of trouble in their management, particularly the sluggish ones, for they refuse to heal. The oozing secretions destroy the feeble granulations, and the little islets of epithelium fade away and are cast off by the foul purulent exudate. I have had some trouble in treating such ulcers, but I have thought out a scheme of treating them which, though it has nothing original in it, yet it has a feature which might be worthy of attention. Hamamelis is and has been praised as a general and local remedy in such states by members of all schools. In treating these cases one will be struck with the inactivity of the usual antiseptic solutions in cleansing varicose ulcers. In fact, they do not do it. The glue-like, tenacious secretion sticks to and covers the ulcers like a coat of varnish, hindering any remedy acting locally. For this reason I have ordered the ulcers to be washed with a solution of soda in water; for example, a teaspoonful to a pint of boiled rain water.

Then I have found useful an ointment made by rubbing up about a drachm of the dry extract of witch hazel with an ounce of vaseline. This is applied to the ulcer in a fairly thick layer. Over this is laid a small, flat and soft sponge, such as children use in school for their slates. This is moistened in any convenient antiseptic solution. The soda solution softens and disintegrates the tough secretions of the ulcer; the witch hazel ointment acts as a very useful local remedy, almost specifically, it seems to me; and the sponge serves to take up the excess of the fluid oozing from the surface of the ulcer instead of allowing it to

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stagnate amongst the granulations, rendering them feeble and lifeless. It also acts as a serviceable local irritant, whose action is by no means to be overlooked. If the ulcer be irritable, the sponge may be left off until the hamamelis unguent has rendered the ulcer tolerant of pressure. Over the whole, naturally, a bandage, preferably of canton flannel is applied.

As I first said, there is not much new in this method, except in the way in which it is carried out. The ointment of hamamelis is certainly a very useful local application in varicose ulcers, and, at the same time, the tincture of the same drug may be administered internally. The soda solution has been found by me much superior as a detergent to the ordinary antiseptic solutions, which run over the varnish-like coating of the ulcer and leave it unaffected. The sponge soaks up the excessive oozing secretions, preserves the granulations from stagnation and maceration, and at the same time acts as a local stimulant.

By these measures I have succeeded in healing a number of obstinate and sluggish varicose ulcers which had made the bearers miserable, and me, before I knew of this method, to wonder how I could ever cause them to heal.—Dr. Pritchard, in *Hahnemannian Monthly.*

Homeopathic Remedies in Diphtheria.—The writer has seen very severe cases yield to the homeopathic remedies. A careful study of the indicated remedy should be made in every case.

In virulent cases of diphtheria most cases have been cured by *mercurius cyanide.* In putrid diphtheria, in which the membrane extends all over the mouth, fauces and pharynx, with salivation, there is extreme prostration, the breath is fetid, and tongue heavily coated. *Merc. cy.*, seems to be indicated most in those cases that are malignant in type; the gangrenous membrane seems to melt away from the action of this remedy; give three powders and repeat every two hours, using gargles freely.

Mercurius corr., when the uvula is swollen, and there is intense burning, worse from pressure; constriction of the throat, swallowing causes spasm.

Mercurius biniodide when there is dryness and great soreness in the throat; the patient is obliged to swallow constantly, and there is great soreness and swelling of the glands externally. The diphthiritic deposits begin on the left side, with accumulation of thick, tenacious mucous in the throat; the tongue is coated yellow at the base, the tip and sides being red. The glands are very much enlarged, and the patient has high fever.

Kali bich., has great swelling of the glands and ulcers which secrete a purulent discharge, there are diseased follicles which exude a caseous

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matter; the coating of the tongue is yellow at the base; the discharge is very tenacious and stringy.

Lachesis has great difficulty in swallowing, great fever and exhaustion, infiltration of the tissues about the neck, membrane more confined to left side. The writer has given this remedy in several cases, but cannot remember receiving any decided improvement in the symptoms; and, the indications for the remedy have been very clear at the time, perhaps other men have had better results with the remedy in these cases.

Arsenicum is indicated when there is adynamic fever, feted breath, and the membrane looks dark and gangrenous, where the pulse is rapid and weak; the patient restless and prostrate, with throat swollen both externally and internally, and the membrane has a dark and wrinkled appearance, and where there is considerable edema about the throat.

Apis, *phytolacca*, *rhus tox*, *alianthus* and *belladonna* are especially applicable to the inflammatory symptoms of pseudo-diphtheria.

Mild diptheritic anginas yield quickly to the *mercurials*, *belladonna*, *apis* and *ignatia*.—*Hom. Journal of Pediatrics.*

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THE MEDICAL VISITOR

WILSON A. SMITH, M. D., EDITOR.
GEORGE R. HENNIG, BUSINESS MANAGER.

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[The editor of THE MEDICAL VISITOR is not responsible for any opinion expressed by its contributors. Everyone has a cordial invitation to contribute upon any subject connected with medicine or allied sciences. We believe in a broad medical platform, and the only restriction is that contributors shall be free from all personalities.]

Articles for publication, books for review, exchanges, etc., should be sent to the editor, Morgan Park, Illinois, and all business communications to the Business Manager, 95 Wabash Avenue, Chicago, or Lansing, Mich.

Editorial.

THE EFFICACY OF ANTITOXIN!

A study of the mortuary tables of the city of Chicago during a period of years, from 1859 to 1896, reveals some of the wonders accomplished by antitoxin. It may make a fellow's hair stand on end who pins his faith to the remedial action of serum, but the facts are precisely as stated and facts are what we all desire. If vaccination exhibited no better results than are presented by the statistics in favor of antitoxin, culled from these tables, the profession would have cast it to the dogs long before this time.

The number of deaths, per ten thousand, in 1860 from diphtheria, was 14.09. This death-rate gradually decreased until, in 1874, the lowest death-rate per ten thousand ever reached in this city from this disease was recorded being then but 1.97 per ten thousand. The following year the increase was quite marked but in 1876 it jumped to 11.13 per ten thousand. Then came another decrease which continued for two years showing in 1878 a rate as low as 6.73 per ten thousand.

The next year (1879) it ran to 12.29 per ten thousand and the following year reached the enormous mortality of 18.48 per ten thousand. This was the highest ever recorded up to that time and higher than has ever been reached since that date. That was the record year so far as deaths from diphtheria were known. It remained in the neighborhood of 12 per ten thousand until 1890 when it began to fall and has gradually decreased from that time until now when it remains at about 6 per ten thousand.

Now the question comes; If antitoxin is the cause of the decrease in the death-rate from 1890 to 6. per thousand then what is responsible for

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the decrease of the death-rate in the period from 1860 to 1874, when antitoxin was unheard of? This question is certainly pertinent to the issue for we want to know the cause therefor and thus be enabled to give a reason for our faith in the use of the serum. If antitoxin caused the decrease in the death-rate since the period of a high loss of life in 1880 then was it the thought of finding antitoxin, that exerted a mental therapeutic effect upon the people, and caused such a conspicuous decrease of deaths in the preceding period.

Another interesting study comes in along this line. The death-rate per ten thousand from all diseases has decreased, as is shown by these tables, until in 1896 it reached a rate as low as 14.36 per thousand from all diseases. The years when the mortality in all diseases were greater then the deaths from diphtheria were greater, with but one or two exceptions. Take for illustration scarlet fever: Since 1877 there has been a gradual decline in the fatality of these cases until in 1896 the death-rate per ten thousand reached a point of 0.33 per ten thousand. This is true of measles, of whooping cough, of cholera infantum, of diarrhea, of dysentry, and so on unto the end of all zymotic and infectious diseases.

Carrying the claims of the antitoxin advocates to a logical conclusion, that the deaths from diphtheria are decreased solely because of the use of antitoxin, then does it not follow that all deaths have been decreased because of this wonderful discovery? Or do you believe that of all the infectious diseases the death-rate would have decreased any way and that of diphtheria remained high, the sole one of these complaints, to be singled out in the course of human lives to add to the wealth of the undertaker and increase the population of the Silent City?

Not a single reader, be he in favor of, or against, the use of antitoxin will advocate that such a condition would have existed. Then if it follows that deaths from diphtheria would have decreased, naturally, say like those of scarlet fever, is not the claim for which we contend, that so far its efficacy in this condition has not been proven, stands as yet unsuccessfully disputed?

"THE DISEASES OF LONG AGO."

Fifty years is a long time to practice medicine and but very few ever reach that number of years. Among that number in the homeopathic ranks, is Dr. G. W. Bowen, of Ft. Wayne, Ind., who responded to a toast "The Pioneer Physician" at the Allen County Homeopathic Medical Society banquet given on April 4th, 1902. It is an interesting review of the olden times and we give Dr. Bowen's toast:

"It seems to be expected that I should give a brief review of the dis-

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eases prevalent in this city fifty years ago, also of those denoting their effect, for the benefit of the public.

"Before I came to the city, five doctors had died here, but fifty years ago, this month, there was fifteen here; all of these are dead but one. From 1850 to 1855, there were very few forms or types of diseases, and with the exception of a few cases of cholera in 1853 and 1854, there was known and recognized only the itch, intermittent fever, remittent and bilious fevers. There was bilious colic with cramps, but the most dangerous cases were congestive and sinking chills, that always resulted in death at the third one.

"The itch was supposed to last as long as the Jewish Sabbatical year, but some children did get well of it during the winter, so when school closed in the spring, they had nothing to give away. The intermittent fever was an unwelcome visitor. None knew when it would come or when it would leave.

"The attacks of bilious fevers came suddenly, and were violent and the patient either got well or died, in one or two weeks. Sometimes it appeared with violent vomiting, and then, as an act of humanity, the boots and shoes were removed, to prevent throwing them up.

"With the congestive or sinking chills, and they were radically different, care was needed to prevent the third one that always proved fatal.

"One case will be cited. It was a young lady in Aboit, to which I was called. She passed through one before I saw her, the second was lighter and safely passed; the third must be prevented, and to reach her in time, I rode like John Gilpin, and so fast that my shadow was left behind me in the road, as it could not keep up. Later some fellow came along, fell over it, nearly breaking his neck, and blamed me for leaving it there. I saved the girl, and she told me when she got well enough, she would pay back the visits, and her pa would pay for the medicine. I got the visits.

"No one of the diseases prevalent then, are present or common now. One thing of great importance as a scientific fact, is that no one had the ague or intermittent fever that had the itch. It has later been demonstrated that no one has the consumption that ever had the small-pox. It seems logical, that when the skin is robbed of its rights to its sanitary work, other portions must suffer. Many doctors believe that inoculation for small-pox in the early stages of consumption would cure it. I believe it would. Since the enforcement of vaccination (with matter from any old sore) there has been an increase of twenty-five per cent. more cases of tuberculosis and fully twenty per cent. in cases of cancer.

"If the boy stops up the rat hole, the rat will dig out somewhere else. Let us stop and see what is, as has been done, and then we can better decide what should be done."

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HOMEOPATHY.

The editor of the *Alkaloidal Clinic* has been having an awful time in keeping separate the alkaloidal treatment in the mind of his readers that it is a modified form of homeopathy. About every issue of his interesting journal one finds a few editorial remarks that it savors nothing of homeopathy save in the size of the dose, but his indications for the use of the alkaloids read so nearly like those found in the Materia Medicas of our school that one must stop occasionally and look at the title of the journal to make sure he is not reading a homeopathic journal.

"The mills of the gods grind slowly" and this case is no exception to the rule. After a time we shall find Dr. Abbott declaring that he has favored the small dose of the homeopathic school ever since, as an independent thinker, he has become impressed with the fact that large doses were not as effective as small doses frequently repeated. Then after he reads a few homeopathic books and finds the indications for aconite are a full bounding pulse, a dry hot skin, and restlessness and that these indications were noted before he saw the light of day, then he will begin to say that he has felt for sometime there is much more in homeopathy than he felt called upon to acknowledge in the beginning of his campaign for small doses.

Then after a few more years the editor of the *Alkaloidal Clinic* will read up in some old homeopathic work about the efficacy of ipecac in certain kinds of vomiting, which by the way, seem to be the ones he is now advocating its use in, and remark to his readers that there has always been in his heart a firm conviction that much of the good in internal remedies comes from exhibiting those remedies for apparently certain similar symptoms produced by the drug in the well. When this is acknowledged he will rise up, editorially speaking, and declare: "But, gentlemen, there is nothing in this like homeopathy."

However he finds among his readers some run-away colts and they occasionally send him a letter like the following from Dr. A. H. Collins:—

"As a member of the *Clinic* family, I have often been amused at the amount of ignorance displayed by a few individuals, of Homeopathy and its teachings; by those, too, who should be better informed upon this subject, in a general way at least. Having been closely associated with physicians of this class for a number of years, and being somewhat acquainted with its teachings, in the interest of justice I desire to say that "size of dose" is not a part of homeopathy; any dose less than a poisonous one is, when indicated by the law, admissible.

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"Second: Surgery, and the use of antiseptics internally and externally, are common grounds to be occupied by all, regardless of therapeutic faith. I am no less a believer in the truth that 'likes are cured by likes," because I 'clear the deck for action,' by using Saline Laxative and antiseptics, together with plenty of good soap and water, to clean up a dirty patient; and there are many in that condition.

"I use the granules, tablets and find them entirely reliable; very satisfactory when given according to homeopathic indications, which like a 'streak of gold,' run very largely through the works of Shaller, Ringer, Bartholow and Scudder. In some cases it is rather hard to define the size of 'streak,' as the latter eclectic author, under the name of 'specific medication,' virtually absorbed 'soul and body,' the homeopathic Manual of Pharmacodynamics, by Dr. Robert Hughes, of England.

"For the fact remains that the symptoms, objective and subjective, obtained by giving a drug to a healthy individual to the toxic limit, will serve as the best guide in its application as a remedy to cure "like symptoms' in the treatment of the sick, in less dosage, but dose-enough. That the knowledge of drug action thus obtained cannot be other than superior to that which is obtained by experimenting on dogs, cats and an occasional army mule, I think will go without cavil; at any rate to my mind it seems the better plan.

"If a 'regular' or 'eclectic' indulges the delusive hope that his rival homeopath cannot cure patients, because 'he don't give medicine enough' to do any good, he is innocently cherishing a mistaken idea. There may be a transcendentalist, or 'high potency,' here and there among my homeopathic brethren, who swear by the infinitesimal dose. But such men are rapidly 'running out,' and their places are being filled by rational prescribers, those who use medicines for a purpose and to a purpose."

ORGANIZE, ORGANIZE, ORGANIZE.

The needs of the hour for the members of the homeopathic profession is to organize, and to keep their organizations intact, for the time has arrived when in the opinion of the old school it is opportune for securing the passage of such laws as will, while apparently friendly to our cause, retard its growth if indeed it does not entirely destroy.

Dr. Wyeth, president of the American Medical Association, declares that association to be the only national association representing the medical profession in the United States. He ignores in that statement the right of the members of the homeopathic and eclectic school

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to the appellation of medical practitioner, and no doubt looks upon us as quacks of the highest degree. Organization is met best by organization, and we trust that every man and every woman holding an allegiance to the homeopathic school will exhibit loyalty by becoming a member of the American Institute of Homeopathy, the oldest national association in the world, and representing a large number of the medical profession.

Dr. Wyeth pleads for the enactment and enforcement of rigid medical laws, to which we agree, providing the laws affect the colleges and not the physician after he has once been graduated by a college represented in either the American Medical Association, the American Institute, or the National Eclectic Association.

Dr. Wyeth in his open letter to the medical profession asks for the establishment of reciprocity or interstate comity by which a uniform standard of requirements by which one who has been declared competent to practice in one state will not be compelled to submit to an examination in another state. To this portion of his letter we believe all will subscribe, even if we do not agree with him that the American Medical Association represents, and is the only representative of a national character, of the medical profession.

Join the American Institute if you never attend a single meeting, for the good it will do you and for the good you will do the cause. The reciprocity is mutual but you will be the greater gainer.

THE COMING MEETING.

Everything points to a large meeting at Cleveland this year judging from the number already registered for the trip in the party the MEDICAL VISITOR is arranging for. So far as the history of these parties are concerned there is no year which has equalled this so far in advance of the meeting for the reservations made. If straws show which way the wind is blowing then the indications are that without a single exception, unless it be the Atlantic City meeting, the record of attendance this year will be unequalled in the history of the old Institute.

And why should it not be the best? Cleveland is one of the really delightful cities of the United States during that period in June when the Institute meets, the profession of Cleveland is harmonious, the first time in many years, and the welcome which will be extended to the visitors will be a royal one. The program of the meeting is excellent, the program of the social side splendid, the program for the ladies one of delight.

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If the going to Cleveland accomplishes nothing more than the unification of the members of the school in what is the strongest homeopathic city of the world, if it does not add a single name to its list of members, if not a paper is read worthy of being listened to, the bringing together of the strong men in Cleveland, who have been separated because of misunderstanding, is something upon which the whole profession may congratulate itself.

If you are going write to Mr. Vosburgh, city passenger agent of the Lake Shore railway, Chicago, and reserve your berth or write to the editor of this journal and he will be pleased to make reservations for you. Going, of course you are going, so do not delay in sending in your application.

Another important act upon your part is to send your name to Dr. Chas. Gatchell, general secretary, A. I. H. 100, State street, Chicago, secure an application blank for membership, fill it out, and return it to him, and thus affiliate yourself with the best medical society in the world. Then get your grip ready and meet with your class-mates at Cleveland in 1902.

GOING TO THE AMERICAN INSTITUTE ? CERTAINLY!

For several years the editor of this journal has arranged for parties to attend the American Institute, and in return for the effort he has been given a complimentary but this year the condition of affairs is different and it makes no difference to him whether he gets one up or not so far as the emoluments are concerned. The roads are evidently in a pool and refuse to advertise. The result of it is that unless some one makes arrangements we will have no congenial party and each one will straggle in with perhaps one or two doctors in a car and a lot of other people with whom he has no affiliation.

In return for the many favors shown us by our readers in going in our parties in years gone by, we have made arrangements with the Lake Shore Railway to give us a car for the exclusive use of physicians providing we secure twenty or more. From all appearances we shall be able to fill two cars although we started out just to secure one for our old friends. If you desire to travel in company with other doctors send your name and two dollars for a berth which will be reserved in the order of application and the car or cars will be yours to visit in and have a good time.

The train will leave Chicago on Monday, evening at 10:30 and reach Cleveland at 8 o'clock the next morning where they will be set off and plenty of time given for those who wish to arise later to do so. The

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Lake Shore is one of the finest railways in the country, its road bed unequaled, and its cars simply palaces on wheels. Breakfast will be had at Cleveland. The cars will be open for the reception of physicians at 9 o'clock in the evening and your berths will not be made up until you wish them, giving you an opportunity of enjoying the evening with your friends.

Send in your name at once, the fare is one and a third on the certificate plan, and if you wish we will secure your tickets for you, together with the certificate, if you will send the money for it.

Do not delay in ordering your berth for the reason that we want you with us, we want you to have a good time, and we want to go together. If the cars are filled and it is impossible to get enough to fill three cars then you would be compelled to go alone.

The important thing just now is to send your name and make sure of a place with a congenial set of men and women.

Dr. S. E. Wertman reports in *American Medicine* of having lost several cases of croup (diphtheritic) which were treated in the usual manner, including antitoxin. He then resorted to hypodermics of pilocarpin hydrochlorate, from which he secured surprisingly good results. Five cases were reported, all severe, ranging in age from 13 months to 10 years, four of them having patches membraneous on throat, and one apparently moribund. In each case improvement was noticed within a few hours and recovery complete within two days at the longest. In only one case was it deemed necessary to make the second injection. Just hold your hat while the roar rushes past for this method.

The editor has just enjoyed the experience of treating three cases of diphtheria, and without antitoxin, and strange to say all three have recovered and did so promptly. The longest case was a young girl, aged 11, who remained in bed eight days. A neighboring physician has treated a case with antitoxin and while the lad took sick nearly a week prior to the one we treated the patient is still in poor health. When it comes to considering antitoxin as a specific for diphtheria we must confess that we "are from Missouri and must be shown."

Loffler agrees with Koch concerning the infrequency, at least, of food tuberculosis, and the improbability of the transmission of this disease by milk. Our Dr. Tooker took this view several years ago, and it is a

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matter of pride that we call attention to the fact that it was a homeopathist who first declared the likelihood of the position of the bacteriologist being mistaken in the claim that bovine tuberculosis was transmissible to the human family.

News Items and Personals.

A GREAT CHANCE.

For Sale.—Practice and property in a Colorado resort town of 7,000. Consists of house, nearly new, containing residence, office and small hospital. Office and hospital furniture, instruments, drugs and books. Fine opportunity for first class man. No other need apply. Best winter climate in Colorado. *Terms.*—Half cash, balance on easy terms.

Address, A. B., MEDICAL VISITOR,
95 Wabash Ave., Chicago.

Dr. G. R. Ball of Fort Edward, N. Y., contemplates moving to California.

Dr. J. A. Pearsall of Saratoga, N. Y., has recovered from a severe attack of la grippe and malaria.

Union City, Branch County, Mich., is said to offer a good opening for a beginner in practice of our school.

Dr. J. L. Casselberry has moved from Morgantown, W. Va., to Woodhaven, N. Y., a suburb of Brooklyn.

The Eclectic State Medical Society of Illinois will hold its annual meeting in Chicago on May 21st and 22d.

Dr. Harry F. Nichols, for many years a practicing physician at Hoboken, N. J., died March 18 at Hamilton, New York, of typhoid fever. He graduated at the New York Homeopathic Medical College in the class of 1887.

A Buffalo physician is writing an interesting book on the subject of "The Influence of the Moon on the Various Diseases."

Dr. C. A. Montague of Ann Arbor, class of '98 has opened a fine suite of offices in Frankfort, Mich., and is doing well.

Dr. W. H. Gifford of Cleveland recently moved into his new and commodious office and residence at No. 773 Prospect street.

Dr. A. L. McNeill has removed from Epworth, Iowa, to McMinnville, Oregon. We trust the doctor will like his Western location.

Dr. A. H. Wales has decided to leave his practice in Chicago and enter into partnership with his father Dr. H. W. Wales of Lanark, Ill.

Dr. F. R. Smith of Rochester, N. Y., has moved from No. 400 East Main street to more commodious quarters at No. 89 Plymouth avenue.

Dr. E. W. Shearburn, '02, Chicago Homeopathic Medical College,

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is sick with inflammatory rheumatism. We are sorry to hear of his misfortune.

Dr. G. W. King of King's Corners, N. Y., died March 3. He was 76 years of age and one of the most prominent Eclectic physicians of the Empire State.

The wife of Dr. Charles Morrell of Hyde Park, Ohio, died in February. She was a sister of Judge Pfleger and School Principal Pfleger of Cincinnati.

Dunham Medical College held its graduating exercises at Steinway Hall on April 19th. The address of the faculty was delivered by Dr. H. W. Pierson.

The Detroit Homeopathic Medical College held its third annual commencement on April 22d in the Detroit Opera House. Its class was larger than last year.

The eighteenth annual meeting of the Western New York Homeopathic Medical Society, held at Buffalo in April, was one of the biggest events in the history of the society.

We are pleased to report the reappointment of our friend, Dr. S. R. Stone, as Commissioner of Health for the city of Rhinelander, Wis. This is the third or fourth term for Dr. Stone.

Dr. E. Stillman Bailey, Chicago, was in Baltimore during the month of February taking a needed rest and at the same time enjoying the clinics offered at the John Hopkins University.

Dr. R. A. Adams of Rochester, N. Y., has returned from a hasty trip to California, where he was called by the serious illness of his son, who is recovering from a severe attack of typhoid fever.

The Central New York Eclectic Medical Society held their semi-annual convention in Syracuse early in May. The meeting was well attended and a number of interesting medical papers were read.

Dr. E. K. Thompson has removed from McPherson, Kans., to Kansas City, Mo. The doctor will have his office in the Commerce Building. Dr. J. W. Brown succeeds to the McPherson practice.

The third annual session of The American Congress of Tuberculosis in joint session with The Medico-Legal Society will be held at the Hotel Majestic, New York City, on June 2d, 3d and 4th. Delegates to this congress have been appointed from all the States, Canada, Mexico and Central and South American countries. Great interest has been awakened in the various medical, scientific and legal associations throughout the American continents in the vital questions to be discussed before this congress. The delegates from Chicago, appointed by Governor Yates to represent this State are: Dr. E. Fletcher Ingals, Dr. J. R. Kippax, Dr. N. S. Davis, Jr., Dr. H. V. Halbert, Dr. John S. Robinson, Dr. S. C. Stanton, and Dr. E. M. Reading.

Four homeopathic physicians of Buffalo have died within a year and no new members of our school have

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located there. We hope the spring graduates will not overlook the growing and prosperous metropolis of Western New York.

Twelve cases of smallpox have been found in the Holy Ghost and Us School at Shiloh, Maine. The colony of two hundred and fifty men, women and children is quarantined and the State Board of Health is determined to see that the strictest of quarantines is maintained.

At Davenport, Ia., in April, Dr. W. D. Middleton, chief surgeon for the Chicago, Rock Island & Pacific railway system and dean of the medical department of the State University of Iowa, died of blood poisoning, following an operation he performed for appendicitis.

Hering Medical College commencement exercises were held in Handel Hall, Chicago, April 10th. It had a class of fifteen members. The faculty address was made by Prof. S. W. M'Caslin, the professor of Medical Jurisprudence. This is the eleventh year for Hering.

Efforts are being made to open a Homeopathic Hospital in the city of Milwaukee. Why not try and secure a part of the City hospital for homeopathic use? Of course, if there is nothing in Homeopathy our old school friends will be exceedingly glad of the opportunity of showing it up.

A new law in Ohio makes it a misdemeanor to deposit upon doorstep or premises of another samples of patent medicine or drugs or to give the same to a child under 14. The penalty prescribed is $25 to $100 fine and imprisonment from 30 to 100 days.

The annual meeting of the New York State Eclectic Medical Society was held in April at Albany. It was well attended. Many interesting and instructive papers were read and several new members were admitted into the flourishing organization.

The building fund of the Syracuse Homeopathic Hospital received in April an addition of $1,000, being the sum realized by three performances of "Cuba—The Drama of Freedom," which was presented at a local theatre under the auspices of the board of supervisors of the hospital.

Dr. George S. Hodson, Washington C. H., Ohio, has been appointed medical examiner for the Union Central Life Insurance Co. of Cincinnati, Ohio—the appointment is a timely one—and shows homeopathy is gradually being recognized by the old line companies.

Watervliet, N. Y., is a good opening for an active homeopathic physician. It is a medium sized town and is located on the west bank of the beautiful Hudson River, directly opposite to the business portion of the flourishing city of Troy. It has excellent trolley cars running both to Albany and Troy.

Dr. Nathaniel M. Freeman, a wealthy retired physician of New York, died April 19 in the Aschen-

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broedel club, from heart disease. He had been playing chess when somebody told a funny story. Dr. Freeman was so convulsed with laughter that he was unable to resume the game. Suddenly he lurched forward and died.

Hahnemann Medical College of Chicago held its commencement exercises last month with a larger class of graduates than it has had for seveal years. It was a splendid class and an honor to the old institution. We are glad to note that Prof. Shears is urging the attendance of the alumni of Hahaemann upon the American Institute at Cleveland next month.

Our dear old Alma Mater held its annual commencement exercise in Pickwick Hall, St. Louis. It has been twenty-two years since we left her fostering care, but during that time the affection for the old college has strengthened with age. The The Homeopathic Medical College of Missouri does not have large classes, but if the teachings of the present are like those of the past she has little to fear that her children will wander after strange gods.

Send your name for the party to the A. I. H. at Cleveland, remembering that the only road is the Lake Shore. Its engines rival in speed the flight of the eagle, its cars equal the palaces of the kings, and its magnificent steel track exceeds that of any other line running to the Forest City. Send your name either for the Sunday night car, reaching Cleveland in time for the Eye and Ear Society and for the Surgical Society, or for the Monday night car reaching Cleveland at 8 in the morning in time to allow you a rest and get ready for the opening of the Institute.

A number of desirable locations for homeopathic physicians have been noticed by our traveling correspondent, Mr. Robert S. Oliver, in his recent pleasant tours of New York State and New England. Inquiries regarding these excellent openings will be cheerfully answered by Mr. Oliver. Physicians desiring to communicate with him can have their letters promptly forwarded by addressing them as follows: R. S. Oliver, care of Halsey Bros. Co., La Salle avenue and Kinzie street, Chicago, Ill. (Mr. Oliver will spend the months of May and June in Connecticut and in New York City and suburbs.)

The Chicago Homeopathic Medical College held its commencement exercises in Studebaker Opera, on Tuesday, April 22d. Forty-two made the number of the class and for the first time in nearly a quarter of a century contained ladies. The address of the faculty was given by Prof. J. W. Streeter, in a scholarly manner and Dr. O. Lee Chaffee, of the class responded for the graduates. A large audience filled the auditorium. The annual alumni banquet was given in the evening at which time Dr. H. M. Bascom, of Ottawa, Ill., acted as toast-master.

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Societies.

Mississippi Valley Medical Association.

The Chairman of the Committee of arrangements for the Twenty-eighth Annual Meeting of the Mississippi Valley Medical Association, Dr. A. H. Cordier, has announced the dates of the next meeting in Kansas City, Mo., as October 15, 16, 17, 1902.

The President, Dr. S. P. Collings, of Hot Springs, Ark., has announced the orators for the meeting, Dr. C. B. Parker, of Cleveland, O., to deliver the address in Surgery and Dr. Hugh T. Patrick, of Chicago, the address in Medicine, selections which will meet the approval of every physician in the Mississippi Valley.

A cordial invitation is extended every physician in the United States but especially of the Valley to attend this meeting and take part in its proceedings. Titles of papers should be sent the Secretary, Dr. Henry Enos Tuley, 111 W. Kentucky St., Louisville, Ky., at as early a date as possible to obtain a favorable place on the program.

American Institute of Homeopathy.

OFFICE OF THE PRESIDENT.

To the Members of the American Institute of Homeopathy:

All arrangements for the Fifty-Eighth Annual Meeting of our national organization, to be held in this city June 17th to 21st, are now complete. Present indications fully justify the assurance that, in the matter of attendance, in its interest, and in its special features, it will greatly excel any previous meeting in the history of the Institute.

Cleveland is a summer city. In our week in June it will be at its best. It promises cool nights and pleasant days, while its shaded streets, its beautiful Park system, which is Cleveland's especial pride, and its water-front, all combine to make it attractive to the visitor and refreshing to those who will, next month, enjoy its hospitality.

The spontaneous response that the special feature—the College Alumni Conclave—has brought forth, of itself guarantees a large attendance and an intense interest. It is thought that this occasion will do much to create increased interest on the part of each Alumnus in his own Alma-Mater.

Members of the profession should realize that the present is a critical period in our history. Events of great importance are at hand. In the law-making bodies of many States radical legislation is about to be attempted vitally affecting our interests as a school. The Institute is the most powerful guardian of your rights. Never before was a strong organization important. Each one must do his part. Come and lend your aid.

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The various social functions that have been provided for by the local profession, while adding much to the enjoyment of the visiting members, will in no wise interfere with the serious work of the institute. They are all planned to take place outside of the hours devoted to the business and scientific sessions. They will consist of the conclave, a reception and dance, of drives and trolley-rides, while there will be rare opportunity to indulge in golf and wheeling.

The Chamber of Commerce building, in which the sessions will be held, is unusually well adapted to our purposes. The Hollenden Hotel, which will be Institute Headquarters, is a first-class house, and the entertainment will be of the best. But, in addition to this, there are many other hotels of all grades and prices. Cleveland is very easy of access from all parts of the country and the committee on transportation has arranged for a fare of one and one-third for the round trip from all railroad centers east of the Rocky mountains.

On the part of the profession and the citizens of Cleveland a hearty welcome awaits all who may come.

JAMES C. WOOD, M. D., President.
C. H. GATCHELL, M. D., Secretary.
Cleveland, O., May 15, 1902.

To the Members of the Profession:—

Any member of the profession desiring to procure an application blank for membership in the American Institute of Homeopathy will have one sent to him by return mail on receipt of a postal-card request. Blanks will be sent with the Annual Circular, but they can be procured in the above manner at any time.

Fraternally,
CH. GATCHELL.
Chicago, 4, 19, 1902. 100 State St.

Central Illinois Homeopathic Medical Association.

Dear Doctor:

The seventeenth session of the Central Illinois Homeopathic Medical Association will convene at the new Hotel Arnold, Bloomington, Illinois, Tuesday, May 20, 1902.

The program will be entirely devoted to the Bureau of Medicine, of which J. W. Calvert, M. D., is chairman. The following papers will be presented:

1. Cephalgias, Dr. M. L. Howard, Danville.
2. Bacillinum, Dr. J. T. Webster, Atlanta.
3. Infant Feeding, Dr. Margaret Davison, Eureka.
4. Cholera Infantum (A Few Hints on Treatment), Dr. B. P. Marsh, Bloomington.
5. Endometritis, Dr. G. B. Kelso, Bloomington.
6. Dentition, Dr. H. P. Moulton, Petersburg.
7. Dynamic Origin of Disease, Dr. Hugh Hover, Stanford.

It will be a great favor to the committee if the members intending to be present at the banquet will

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send in their names to the secretary, stating how many tickets they wish. This is very necessary in order that arrangements may be made with the caterer as to the number of covers to be laid. Do not neglect this.

We are much gratified at the steady growth and assured success of the C. I. H. M. A. A glance at our roster of membership, and the topics under discussion, will convince you as to the value and necessity of being present on this occasion. We again urge all in our territory to make special efforts to be present at this May meeting.

Fraternally,

W. E. Neiberger, Secretary.

Bloomington, Ill., May 1, 1902.

The order of business for the day is as follows:

Meeting called to order, 11 a. m.

Preliminary business of the society, 11 a. m. to 12 m.

Opening of Bureau of Medicine. 12 m. to 1 p. m.

Intermission for Lunch, 1 p. m. to 2 p. m.

Afternoon session (Bureau), 2 p. m. to 6 p. m.

Intermission 6 p. m. to 8 p. m.

Banquet and election of officers, 8 p. m. to 11 p. m.

The evening session will be entirely devoted to the annual banquet and to the election of officers. The annual banquet has become a permanent feature of the Association and we again expressly invite the ladies to accompany their husbands and grace this occasion with their presence.

Book Reviews.

Johnson's First Aid Manual—Suggestion for Prompt Aid to the Injured in Accidents and Emergencies. Edited by Fred B. Kilmer. Illustrated, 113 pages. New Brunswick, N. J. Johnson & Johnson, 1901. Cloth 50 cents.

This is an exceedingly handy little volume, full of practical suggestions, and just the thing to have around the office. It makes a constant reminder of what one needs to do, how to do it, and when to do it always at hand. Send fifty cents to the publishers, stating you saw it in The Medical Visitor and we feel sure you will never regret the money. The illustrations and diagrams are perfect.

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THE MEDICAL VISITOR

VOL. XVIII. JUNE 1ST, 1902. NO. 6

Original Articles.

"THE USE AND ABUSE OF QUININE."

LEWIS P. CRUTCHER, M. D., KANSAS CITY, MISSOURI, PROFESSOR MATERIA MEDICA AND THERAPEUTICS, HAHNEMANN MEDICAL COLLEGE— GENERAL SECRETARY MISSOURI INSTITUTE OF HOMEOPATHY, AND OF THE MISSOURI VALLEY HOMEOPATHIC MEDICAL ASSOCIATION.

In order to understand the *use* of quinine, it is necessary that one be familar with the law of similars and the homeopathic materia medica.

To comprehend the *abuse* of this powerful alkaloid, one must be conversant with the customs of those people living at the South, and this must be coupled with a knowlege of the *true* therapeutic action of the remedy. Some time ago the writer was asked by a "gentleman of the old school:" "Is it not true that you homeopaths give quinine?" This practitioner of chaotic therapeutics seemed surprised to hear the affirmative answer, and yet, retained his equilibrium long enough to say: "Ah yes, I thought so, you *must* resort to it in *extreme* cases." "No," was the reply, "not so much in *extreme* cases as in *quinine* cases."

That quinine is frequently prescribed when not at all indicated there is no question, and this charge is not laid at the door of the old school physician alone. And if we would here determine the greatest transgressor against therapeutic accuracy, we must decide between the one prescriber *who does not what he knows*, and the other *who knows not what he does.*

The field in which quinine suffers the most flagrant abuse is that of *malaria*, and as the old predestinationist said: "What is to be will be whether it is or not," so quinine is indicated for malaria whether it is indicated or not, and is prescribed whether it will do any good or not. The malarial condition suggests the possibility of the indication for quinine in a given case, but is not the positive guide to the selection of this or any other drug, and let it be said that the further we get from the diagnosis of malaria and the nearer we get to our patient, the better or both doctor and patient.

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The indiscriminate use of quinine contains the wholesale abuse of quinine, and this fact is no where more clearly revealed than where the patient, having failed to recover, the dose is increased, and in giving more of the wrong thing, the prescriber confesses his lack of a therapeutic guide, or his failure to use the one in hand.

The discriminate use of china, leaves no other alternative than to prescribe it for that patient whose symptoms are strikingly similar to those produced by the drug when administered to the comparatively healthy, and while the case may prove an "extreme" one, it is always and ever a quinine (or china) case. The symptoms found in the proving of this drug are as the alphabet to you, and yet it cannot result in a disadvantage to us if we reiterate them. The most prominent action of china is upon the vegetative system, and this action results in a peculiar disturbance of the entire alimentary tract.

In conditions of a chronic nature, the most prominent characteristic is the every-other-day aggravation, and this symptom is especially significant if there be a history of malaria.

The symptom following this one in importance is the persistent ringing and roaring in the ears.

Bacon of New York, an old school authority, on diseases of the eye, ear, nose and throat is responsible for the statement that: "many cases of deafness are directly traceable to the influence of quinine," and he "warns the profession against its use in cases where there is an involvment of the mucous membrane of these parts." He does not break down this idol, however, without offering a substitute, and that is aconite and pulsatilla.

You will find your china patient peculiarly sensitive to cold, that is, *he chills easily*, and the *headache is aggravated by cold air* and *after eating*.

An important clinical symptom that deserves our consideration is "*loss of vital fluids*," that is to say, those patients who suffer the consequences of a drain upon the economy, whether it be immediate or remote.

Think well of china in the collapse following uterine or intestional hemorrhage, and in those patients who have given up other vital fluids in excess. The china patient may be called a *fermenter*, and you will find the abdomen tympanitic, the distention not infrequently resulting from the inordinate indulgence of fruit, and just here, your attention is directed to the peculiar intolerance of milk.

The symptom of the remedy that has met with repeated verification is the early morning urination, clear and profuse.

The chill of china is aggravated by drinking cold water. The peculiarity of the thirst is that it comes either before or after, never *dur-*

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ing, the. chill or heat, or better said: *Thirst with sweat.* The hands are icy cold, with conjestion of blood to the head. The sweat is *profuse* and debilitating.

You will find that unless quinine has been previously abused in your case, that cinchona will suffice, but if there be a history of excessive quininism, your potentized china sulph. will act more kindly than the cinchona.

The term potentized china sulph. is used for the reason that unless you desire to supply a loss of quinine tissue, you will be favored with a more satisfactory result if you give the remedy potentized, since it is administered as a remedy and not as a food.

A CASE OF JAUNDICE.*

BY J. BOROUGH, M. D., MISHAWAKA, IND.

I will call it such for want of a more appropriate name, and because jaundice was one of the prominent symptoms.

Mrs. W., age 65, light complexion and quite fleshy. Some time during the summer her digestive organs became impaired. Symptoms: a dull, heavy feeling in stomach after eating, sometimes a dull or gnawing pain; again an empty, gone and weak feeling, or a hot and burning feeling. Appetite variable; sometimes hungry but afraid to eat much, because of distress following soon after. Bowels quite regular. With the best I could do for her she continued in this condition with but little variation until Oct. 26th, 1901, I was called in haste. I found her suffering with severe cramping pains in the stomach, so severe that I was compelled to resort to morphine to relieve the intense suffering. Some nausea and vomiting previous to giving the morphine, which ceased as soon as the pain stopped, probably controlled by the ipecac of which I had given several doses.

Two or three days following this attack jaundice began to appear and continued to increase in severity until in a few days she was as yellow as an orange. This condition continued until about the middle of November. No pain or soreness, no appetite, but growing weaker and more emaciated every day, and the yellow color gradually changing to a darker hue. At this time the stomach began to reject all food and continued to do so for six weeks, not even retaining a spoonful of water either hot or cold, nor liquids of any kind but a few minutes. After a few days she refused to take anything but water, nothing being taken into the stomach during the six weeks but water. To keep up her strength we tried feeding by

*Northern Indiana and Southern Michigan Homeopathic Association.

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enemas, which we were compelled to discontinue after a few days, she utterly refusing to submit to it, because of causing pain and increasing the vomiting. She would vomit from two to six times in twenty-four hours, consisting of the water taken and mucus, mucus mixed with bile, and sometimes the clear bile of which she threw up large quantities.

Soon after the appearance of the jaundiced condition the stools changed to a grayish or ashen color, sometimes mixed with a greenish yellow color. Very much constipated, seldom having a movement without an enema which consisted of a salt solution. During the second week of this condition Dr. C. H. Myers was called in consultation, who, after examining the case very carefully discovered an enlargement or small tumor in the region of the gall bladder, or just below it, and gave the opinion that there was no hope of recovery, unless possibly an operation might prove beneficial, but did not urge it on account of her extreme weakness, she also objecting very decidedly, together with the other members of the family. He then advised giving her Cal-Carb 30th and China 3d which was given each every two hours alternately and continued without any apparent benefit, as she gradually grew weaker and more emaciated.

During this time she suffered very little pain, sometimes on right side in region of the spleen and some tenderness or soreness in right side in region of enlargement or tumor, which was more tender to touch as time progressed. When these conditions had continued for 6 weeks, her own words, she felt something drop in her right side in duodenal region something gave way suddenly but without pain, which gave a feeling of great relief from the nervous tension of which she had been complaining. From this time nausea and vomiting ceased, and a few hours after she called for something to eat. Food was given her, and to our surprise retained and she began to improve every day and continued to a complete recovery so far as the digestive organs are concerned.

During the progress of the disease the tumor referred to became more prominent. It appeared something like the intestine full and hard for 3 or 4 inches in length and some larger in diameter. This soon passed away after the sudden change referred to above. The symptoms and final result of this case lead me to conclude that the supposed tumor was an occluded or closed up Duodenum just below the orifice of the Bile-Duct. The exact condition and cause of the closing up of the bowel I know not, and would be very glad for more light on the subject. The final result was truly gratifying, as for weeks death was looked for every day, as from conditions and appearances recovery seemed impossible.

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In addition the patient had a chronic heart trouble, heart failure, but for four years had but little trouble crategus having brought about this result. During her illness she had several light attacks, which were soon relieved with a few doses of crategus. She has not been able to walk but little about the room because of a weakness of the knees; the knees don't seem to have strength enough to hold up her weight lately she has also complained some of lameness in the back. Otherwise she feels well, good appetite and bowels in good shape.

SCIENTIFIC VERSUS THEORETIC MEDICINE.

BY J. R. PRICE, M. D., CHICAGO.

Science is knowledge based on a proven premise. Theory is belief, resting on an unproved premise. Belief is unneccessary when knowledge is attained. Schools of medicine having no proven premise constantly cry out, "There can be no science of medicine."

Homeopathists need not fear to stand by their cannon (spell it as you please) for they have an impregnable armor in a principle that is eternal.

A law of the universe found operative in one domain will be operative in every other domain. (No exception.) For illustration: We discover life coming from an ovum—hence all life emanates from an ovum (without exception.)

We ignite a match: it loses its three dimensions. We have light, heat, electricity and magnetism as the result. By the same law we conclude that neither of these energies comes into existence without the disintegration of the matter. (No exception.)

We also discover in the dissolution of the seven noble metals, aurum, argentum, cuprum, zincum, ferrum, stannum, and plumbum, that each produces a different quality of electricity, which you can prove by the gustatory nerve or by their action in the human body. It would not be scientific to use zinc elecricity when argentum or aurum would be applicable; for each of these different electricities have its own peculiar effects.

Take the proving of "Aurum," the greatest of all the noble metals:

"External parts. Pain pressing inward. This will be found in seven metals, and can be fully demonstrated in groups."

Find the positive proving of a remedy in its crude form, as ipecac, producing (emesis). The other end of the drug or the point where it loses its dimensions: either in the stomach or before it reaches there gives an opposite effect.

There is no need of going through a whole list of remedies, as the law if operative in one holds true in every remedy whether of animal,

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vegetable, mineral or metalic origin. The only difficulty is in finding where the fourth dimension begins, as it varies in different substances. There is an absolute law governing each of the kingdoms and when this is comprehended there will be no guess work about prescribing 1x, 3x or 30x of animal, vegetable, or mineral materia medica.

Because failures have been made in getting results is no sign that the science of homeopathy is at fault. You might as well blame the multiplication table because a product was incorrect when the mathematician, not the mathematics, is at fault. Let not your head be troubled, know the law and it will sustain you.

Prove all things: Hold fast that which is good—is practical homeopathy.

Another scientific fact regarding vegetable medicine is the time it matures and the exact time it is separated from its earthly connections.

The horoscope of a plant is of vital importance and should be carefully considered if the best results are to be obtained, as the provings of drugs produced from plants gathered a week distant from each other show much variation.

The ability of judging the peculiarities of a person at sight is of great value. A knowledge of the exact time of birth is important in treating chronic ailments. To fully understand the brain centers while giving suggestions is a lever of great power and belongs to the science of medicine.

Every atom of matter in the universe has its body, its spirit or energy only appearing when the body is destroyed. Atoms have served their time in the atomic theory and must now come forth in newness of life by releasing their energies which homeopathy has corralled.

It is well also to understand that the spiritual world of all things is contemporaneous with the natural world. The great delusion of this age is the so-called Christian science which denies the existence of matter and therefore has but one side of the truth which makes it unscientific. A truly scientific mind will readily grasp the idea that matter is interchangeable to spirit and spirit to matter. A good definition of matter would be crystalized spirit, while spirit would be matter in solution.

To understand man in all his composite phases is to comprehend the microcosm of the macrocosm and whatsoever law we find operative in the microcosm the same will also be found in the macrocosm.

We read in Scripture of the bowels of the earth; we read in our newspapers of today an account of the evacuation of the alimentary tract of the earth by the recent eruption after long constipation, the outlet being Mt. Pelee, in Martinique. True knowledge of these evacuations would enable the residents in that locality to remove during these periods to a place of safety.

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It is a lack of knowing the law governing this which causes death and devastation. It is the lack of the laws governing medicine which causes the same conditions to prevail all over the world.

The universe breathes in the tides while theory after theory is exploded regarding the causes of these phenomena. We see theory after theory of medicine fade away while the one based on the scientific principles propounded by Hahnemann still remains growing in favor year after year while the more intelligent and scientific people are accepting it as the best plan of curing disease.

The philosophic and theoretic age is terminating; a new order is being ushered in; new ideas are taking the place of old ones but premise on which science is now accepted must be one capable of proof. There are many questions yet unanswered such as the law governing the science by which birds overcome gravity while soaring through the air. This same law is operative in the destruction of the weight of water by resolving it into oxygen and hydrogen. The hydrogen will carry levic energy while the oxygen will remain in equilibrium. When we bear in mind that a rule of true science has no exception we need not fear the truth for the truth will make us free indeed from all the perplexities and intricacies which are contemporaneous with theories based on hypotheses. Therefore a scientific system of medicine must be endowed with premises capable of absolute proof.

SHALL WE STAND FOR INDEPENDENCE?

To the Editor:

The following letter is one of the most satisfactory out of nearly two hundred received in response to my paper advocating homeopathic solidarity and independence, published in the January number of your journal. May I ask you to publish it? It ought to be carefully read by members of our school of medicine. Fraternally yours,

SHELDON LEAVITT., M. D.

MT. VERNON, O., Feb. 17, 1902.

SHELDON LEAVITT, M. D.

Dear Doctor:—This undertaking of yours is deserving of the highest commendation. It need not matter whether one would agree with its details and specific direction, or would give more prominence to other details or include other objects, for the fact remains that its aim is distinctly forward to more unassailable and better grounds. Therefore your invitation to members of the profession to a careful consideration of the subject, and their active support of it, or of the things that stand for it, should be heartily accepted. For one, I do so, and shall be glad

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to have my small ability drawn upon for work along any part of the line.

First, I may be permitted to state a few things to show where I stand, and possibly to indicate others.

In my estimation there are some radical — perhaps constitutional — weaknesses, that have attached to our school of medicine. Whether they were, or are due, to the strenuous struggle to establish it; or to abuses or misapprehensions that have been permitted to fasten upon it; or to fear that its standing, as exemplified in its schools, teachers, and practitioners, should fall below certain artificial standards set up by other systems; it is still true that it is weaker where it should be stronger; and more dogmatic where it should be more receptive.

One of the most prominent and dangerous of these weaknesses, as you have indicated, is the open or surreptitious shelving of our own thoroughly verified means and methods of cure, and the substitution of means used by other systems, means admittedly less scientific and of mere empirical verification — or none at all. Not only among practitioners does this prevail, it is prevalent among teachers and clinicians, and may be heard from the rostrum. It is contaminating and degrading teachers and taught alike, and is defiling not only the streams, but the very fountains themselves of our knowledge. I cannot believe that a thoroughly intelligent adaptation can explain the extent of it; but whether more or less false adaptation, or cowardice, or flunkeyism, or mere innocent ignorance is at the bottom of it, it is still dangerous.

Your plea for solidarity under our own banner and according to our own shiboleth, is well-timed and convincing; as well for the reasons given as that our development has by no means ceased, nor will it if we can work together for a higher common end. If, for example, experience shows that our hitherto spirit of insistence in propagandism has led into errors of belief or judgment or practice, our own later, completer knowledge and clearer comprehension should be fully equal to their correction. If our better understanding of natural laws and their constantly multiplying relations to medical problems shows that we have misconceived or miscarried or possibly aborted them, or recognition of the fact should be a full guaranty that bases or practice would be modified accordingly. If we should disabuse our minds of the idea that we possess a universal and *only* law of cure, and admit the proof of experience that our possession consists of a *predominating* law, one well-nigh universal within the range of *humanized dynamics*, we might well at the same time admit the truth of the law of contraries within its narrow limits; of natural dynamics with its broad and specific effects; of chemism,—that most wonderful source of explanation of otherwise hid-

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den pathologies; and of mechanics, both actively and passively; and all to the higher standing and wider and more potent influence of our school in the domain of scientific medicine. The best of it is that it is all possible within our own distinctive delimitations. Such results must come from internal motives and not from external pressure, and least of all because least fruitful, from irresponsible imitation. The emphasis you have laid upon the idea of united effort upon these lines could not be less outspoken and be just, and may apply in any direction where scientific advancement is possible.

But this touches very nearly some ideas that have clung to me for a long time. They relate to medical education as a whole, and include, among many other things, a newer and greater care in the teaching and application of the pure sciences in the class-room. When the sciences, any or all of them, which may furnish initials or bases for medical judgments, are given due places in the curricula of our schools, then psychological investigation, holding a just and proper place among them, becomes part and parcel of medical training in the natural course of things.

Without the slightest intention of being hypercritical, but only in the exercise of an honest student's privilege, I desire to raise this question: If, without the balances and checks furnished by such broad preparation as has been idicated could such a selected topic as the new psychology be thoroughly pursued with safety to the balance of the whole? Your premise, that the subject *ought* to be understood, may be safely admitted; the conclusion, that it *may* be, is not so clear in the present state of knowledge. The occult — or so-called occult — appeals to the human consciousness with a peculiar fascination. That it might be dangerous, is a matter of common observation; that it might become extremely valuable, would depend upon bases of hard practical fact.

However, put me down as a co-worker. With good respect, I am

Yours very truly,

E. R. EGGLESTON.

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Among the Journals.

ACUTE AND CHRONIC INDIGESTION IN CHILDREN.

Dr. E. W. Boardman (*The Clinical Reporter*) contributes a most interesting article upon the above subject, which is appropriate at this time of the year. We feel as does he, it is not much of a subject to become poetical over, but it is one of the conditions with which we have most frequently to deal. Given a good digestion, a proper diet, and hygienic surroundings, and the second summer of childhood is to be no more dreaded than is the first or fifth, or any summer. But it is the errors in diet which give to the medical profession its greatest amount of work, as well as the largest amount of worry. He says:

"Was there ever a more hilarious or poetic topic assigned to the struggling candidate for literary honors in the strictly medical field? Shakespeare tells us of the "Infant, mewling and puking in its nurse's arms," which, being interpreted, probably means that being of a mulish disposition, the baby could not be persuaded to relinquish its hold on the source of nutritive supply until it had overtaxed its gastronomic capacity, thus inducing an attack of acute indigestion, as evidenced by the inverted gastric phenomenon designated as "puking." An overload is, by the way, a frequent cause of digestive and other troubles, both in the infant and the adult, and an habitual gourmand, whether young or old, is very likely to be afflicted with chronic indigestion.

"The stomach, in the effort to take care of the overload, calls for an increased supply of blood to enable the glands to furnish sufficient secretion to digest the food. This enormous blood supply is a congestion, enlarging the capillaries and other vessels, pressing upon nerve filaments and producing discomfort and pain. The child or adult thus becomes conscious of the existence of an internal organ, which is conclusive evidence that all is not well.

"If the cause be repeated, another congestion takes place. The blood-vessels are again engorged, and with continued repetitions, a state of chronic congestion, or a low grade of inflammation of the gastric and intestinal mucous membrane is induced, and the child has colic and other interesting symptoms after each act of feeding. The imperfectly digested contents of the stomach wander down the alimentary canal, fermenting and foaming like Whirlpool rapids, sweeping everything before them in their mad race for an outlet, or the curdled and semi-solid portions become impacted like a log jam in the Aroostook, either of which

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contingencies is calculated to disturb the serene equanimity of the little sufferer.

"Sometimes these dire consequences are the result, not of over-feeding at any one time, but of the habit of allowing the child to nurse as often as it desires. This keeps the stomach in a perpetual state of congestion in the attempt to digest a fresh supply of food before the partially digested contents of the stomach have left that organ. We may all recall instances of "three months' colic" which have terminated suddenly when the fond mother consented to make the little darling wait three hours between nursing. The child whose digestive organs are subjected to such abuses, is in a fair way to develop a serious attack of gastro-enteritis whenever any unusually difficult task is imposed upon those organs. The products of decomposition are always present in the intestines of such a patient, and in due time the ptomaines, or bacteria, or both, triumph over the resisting power of nature, and serious disease is the result.

"Many other etiological factors might be enumerated, but those mentioned are perhaps the most frequent causes of acute and chronic indigestion. Children who are, for any reason, wise or otherwise, deprived of mother's milk, have often to contend with food which is, in a measure, indigestible by their feeble stomachs. When those who prepare the food for the little one fail to recognize this fact for a length of time, such symptoms as have been described ensue, often accompanied with marasmus, which is generally the result of starvation.

"The numerous infant food companies have endeavored to produce mother's milk without the aid of the mother, but there remains an exceeding great reward for the synthetic chemist who shall duplicate human milk. In the absence of a perfect imitation, the mothers and doctors are compelled to try different preparations and proportions, until the nutriment is found to be adapted to the individual stomach.

"Most cases of acute and chronic indigestion in children may be cured by a proper regulation of diet as to time, quantity and quality, but homeopathic remedies undoubtedly aid in a speedier recovery.

"Acute indigestion with fever calls for aconite, vomiting and greenish stools for ipecac; offensive stools with prostration for arsenicum; crankiness and constipation for nux; crying and curds for chamomilla; all of which, and more, is but threshing old straw when presented to the homeopathic prescriber."

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DOCTORS AND EDITORS.

Our good friend, Dr. Lowel F. Ingersoll kindly sent the following clipping a short time since for the purpose of cheering ye editor. It is too good to keep and, without his permission, we present it for the enjoyment of our readers—if they enjoy such abuse. The article appeared originally in the *Iowa Medical Journal*, at a time, no doubt, when the editor had sent out his bills for subscriptions due and received, what is termed in base-ball parlance, a goose-egg. Here it is:

"The doctors are all friends of ours. We expect them to stay with us until death. Yet at the risk of incurring their displeasure, we reproduce the following.

"We don't know where it came from, any more than we know whose rain-spout the doctor's medicine comes from. We find it in a paper credited to 'Ex.' If we knew the author we would gladly give his name, because the article is really good. Here it is:

"The doctor from Algona said that newspapers are run for revenue only. What in thunder do doctors run for, anyway? Do they run for glory? One good healthy doctor's bill would run this office for six months.

"An editor works a half day for $3, with an investment of $3,000; a doctor looks wise and works ten minutes for $2, with an investment of three cents for catnip and a pill-box that cost $1.37.

"A doctor goes to college for two or three years and gets a diploma and a string of words the devil himself cannot pronounce, cultivates a look of gravity that he pawns off for wisdom, gets a box of pills, a cayuse and a meat saw and sticks out his shingle a full-fledged doctor. He will then doctor you until you die at a stipulated price per visit, and puts them in as thick as your pocketbook will permit.

"An editor never gets his education finished. He learns as long as he lives, and studies all his life. He eats bran mash and liver; he takes his pay in turnips and hay, and keeps the doctor in town by refraining from printing the truth about him.

"We would like to live in Algona and run a newspaper six months and see if the doctor would change his mind about running a newspaper for revenue only.

"If we didn't get some glory out of it we would agree to take one of his pills after first saying our prayers. If the editor makes a mistake he has to apologize for it. But if the doctor makes a mistake he buries it.

"If we make one there is a lawsuit, tall swearing and a smell of sulphur, but if the doctor makes one there is a funeral, cut flowers and a smell of varnish. The doctor can use a word a foot long, but if the editor uses it he has to spell it.

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"If the doctor goes to see another man's wife he will charge the man for the visit. If the editor calls on another man's wife he gets a charge of buckshot. Any medical college can make a doctor. You can't make an editor. He has to be born one.

"The editor works to keep from starving, while the doctor works to ward off the gout. The editor helps men to live better, and the doctor assists them to die easy.

"The doctor pulls a sick man's leg, the editor is glad if he can collect his bills at all. Revenue only? We are living for fun and to spite the doctors."

ECHINACEA AUGUSTIFOLIA.

Dr. E. N. Ritter (*Medical Summary*) contributes the following concerning his experience with this promising remedy:

Echinacea Augustifolia, commonly called "niggerhead," is indigenous to our Western prairies and must be differentiated from echinacea purpurea, the "black sampson," which grows here in the East. The plant grows from one to two feet high and blooms in July and August. The petals soon fall off, and the dark brown calyx turns almost black. There are no leaves or branches on the stalk, except close to the ground. Echinacea was introduced to the profession by Dr. Meyer, of Pawnee City, Neb. It is one of the most valuable drugs at our command at the present time, and is extensively used by the eclectic physicians. Echinacea is not poisonous in ordinary doses, which are necessarily varied according to existing conditions. It may be given in doses of a few drops to a dram. The toxic effect is manifested by a reduction of temperature, the frequency of the pulse is diminished, the mucus membrane becomes dry and parched, accompanied with a prickly sensation, headache of a bursting character; also a tendency to fainting is observed on assuming the erect posture. After poisonous doses these symptoms are more intensified; the face and upper portion of the trunk are flushed, pain through the body more marked in the large articulations, dimness of vision, intense thirst; gastric pains, followed by vomiting and watery diarrhea. No fatal case of poisoning, to my knowledge, is recorded.

The physiological effects are manifested by its action upon the blood and mucous surfaces. The natural secretions are at first augmented, lowers the temperature, slows the pulse, restores the capillary circulation, and exerts a peculiar affinity over local debilitated inflammations, and in any condition attended with blood dyscrasia. As a therapeutic agent, probably its greatest field of usefulness is in the adynamic fevers. It reduces the pulse and temperature to a marked degree, the delirium is

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subdued, the fetid odor of the stools disappear, and the diarrhea peculiar to typhoid fever will be checked by the proper administration of echinacea.

The peculiar burning pain in erysipelas is relieved by echinacea. March 16, '02, I was called to a case of facial erysipelas. Nose, left cheek and forehead inflamed with blebs on nose and forehead. Temperature, 104°, pulse, 130. Complained of pain in the head and at times delirious. Treatment consisted of echinacea and aconite every hour; also broken doses of calomel, followed by a saline. Ichthyol and vaseline applied locally. Next day left ear was of a crimson color, with scarcely any swelling. Temperature about the same, but no pain. March 20th, temperature, 99°, pulse, 80. Face nearly healed. Patient feeling well and walking about the room.

February 17, '02. Called to a case of blood-poisoning. Infection occurred through an abrasion on end of middle finger. Whole hand swollen and painful, with excruciating pain in the middle finger, making it difficult to locate the point of greatest infection. Had been poulticing hand, more or less for a week. After cleansing the hand an incision was made in the last phalanx. A few drops of pus, with a considerable quantity of blood, escaped from incision. A solution of echinacea was applied locally. February 18. Rested quite well. Condition of hand about the same. February 19. More pain; incised first phalanx anteriorly and posteriorly; only dark blood escaped. Now gave echinacea, fifteen drops every two hours. February 20. Incisions cleaned. Re-opened the anterior one, and a large quantity of pus escaped. Same treatment continued. February 21. No pain in hand. By pressing on either palm of hand or finger pus flows from opening. Resolution was rapid after the free discharge of pus.

Materia Medica and Therapeutic Hints.

Ferrum.—It is a well-known physiological fact that no matter how much iron, for example, may be injected into the human body by mouth, rectum or hypodermically, all but the amount (about 30 grains) which naturally belongs there is promptly cast out in the fæces. Ounces of the metal in various compounds are thrown into the anaemic body, only to be thus ignominiously again cast out, under the delusion that the physiological building material can be made of drugs. Ferrum cures anaemic individuals, not by its material use, but, like all other medicinal agents,

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by its dynamic action in correcting the deranged vital forces. When these forces are thus corrected nature finds sufficient iron for the patient in the food which has been all along supplying enough for his brother. —*Dr. W. J. Hawkes, in Pacific Coast Journal.*

Sciatica.—Mr. K., aged forty-two, came to the clinic first some five weeks ago and complained of having pain in sacral region which extends down the left leg, along the course of the sciatic nerve. It was then of eight weeks' duration, at which time he was exposed to cold and wet. The pain is made worse before and during a storm. There is a history of slight rheumatic attacks several years apart. He was given rhus tox. 6x, 30x and 200, at different times, under the influence of which he improved some, but the pain in the leg continued. The severe pain along the sciatic nerve and its branches, with frequent cramps of the calves of the legs and feet while in bed, and a feeling of numbness which at times replaced the pain, were the principle symptoms complained of when gnaphalium polycephalum 3x was given four times a day and relieved the pain and he is well.—Prof. Blackwood in *The Clinique.*

Adenoids.—Every mouth breather should be subjected to a most vigorous examination. Careful inspection with the various reflected lights will reveal much, but not enough. No patient presenting the symptoms of nasal or pharyngeal obstruction should be allowed to leave the examining chair until the doctor's finger has faithfully explored the vault of the pharynx and post-nasal spaces. Every child that snores at night, or who goes around habitually with mouth open, should be subjected to this treatment, no matter how severe it may seem. The sensation of crumbling adenoids cannot be mistaken, and no physician in these days is excusable for not knowing it. In the majority of cases, instruments are not necessary, for with the examining finger the mass can be broken down and removed with little difficulty. Where the growths are found to be more fibrous, the curette, forceps or adenatome will be needed in order to thoroughly remove them.

I need not cite cases to prove the value of establishing free nasal breathing. The results are marvelous in some cases and satisfactory in all. In the case first mentioned in this paper, hearing was restored and the stupid idiotic expression gave way to one of brightness and health. One year after she began treatment she took up her studies where she had left them when a little girl, and is now pursuing them much to her own satisfaction and betterment.—*Dr. Myers in Medical Century.*

Phosphorus in Cardiac Diseases.—B. W. S., æt. forty-nine, stationary engineer, had complained for a long lime of palpitation of the heart. This troubled him more or less all the time, but increasing both in force and frequency of attack. He had noticed for quite a while past

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that it was certain to be most severe just previous to and during the continuance of stormy weather. Examination of the cardiac region showed a quickened and tumultuous throbbing of the heart. If any murmur was present it was so obscured by the loud sounds and the excessive rolling impulse of the hypertrophied ventricles against the wall of the chest as to be unrecognizable. He had no other complaints and was not disabled from attending to his daily avocation, but the persistency and increase of the palpitation had rendered him quite anxious.

There was no history of rheumatism, or of any wetting while perspiring, but the atmospheric conditions being so prominent and constant a feature, rhus tox. 3x was prescribed. Some relief followed the administration of this remedy, but it was only temporary and in two weeks' time was as bad as before. Rhus 30th was then given but no advantage was gained by its use.

Rhododendron 6x was then given a trial. Very considerable benefit was derived from the use of this agent, which continued for five weeks, but then it seemed to lose its effect, for the cardiac disorder slowly but surely returned until it was as bad or worse than before. And all this time it was manifestly severe just before and during the continuance of stormy weather.

But the therapeutic quiver was not yet exhausted, and there remained another arrow suited to this atmospheric condition, and that was phosphorus. This remedy was then given in the 3x dilution.

Nine days had passed when he next reported to me. In the meantime exceptionally severe thunder storms had occurred on two separate days, and at another time a violent wind storm, with occasional rain, had raged through two days and a night, yet the heart of my patient had been untouched.—Prof. C. H. Evans in *The Clinique.*

Tubercular Infection.—Mr. S., age, sixteen, came to the clinic first during December, 1901. There is a history of tubercular infection extending for ten years. He has had an operation for tuberculosis and now limps as a result. There is a slight, hacking cough. He does not look healthy. The pulse is increased in frequency being about 100 all the time. There is an afternoon and evening rise of the temperature when it reaches 101° F. at times and is followed by a night sweat. The appetite is poor. His mother states that it is with difficulty she can get him to take any food. His sleep is disturbed and restless, he appears to be in great distress. The skin has many blotches and there is a great amount of pigmentation over the uncovered portions at least. There is a slight enlargement of the glands about the neck and those in the inguinal region are also enlarged and indurated. There is a history of tuberculosis in the family.

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This young man was given calcar. hypo 1x three tablets four times a day. At the end of three weeks' treatment the pulse was 104, the temperature 99.8° F., the breathlessness and night sweats continuing; there is a slight cought and the appetite is still poor, but little improvement if any having taken place. Tuberculinum 200 was now given, three doses in all, on each night, and then placebo. This was allowed two weeks (January 30), at the end of which time the record says that the appetite is much improved; he feels better in general, at which time we believed the calcar. hypo. to be indicated, and it was again administered the same as before. The result is that today the temperature is normal, the pulse is 80, the enlarged glands are almost impossible to feel, the appetite is good, he has gained six pounds and is resting well at night and the mother states she believes he is well. —Prof. A. L. Blackwood in *The Clinique.*

Pericarditis.—There are few diseased conditions that are oftener overlooked than inflammation of the pericardium. There are numerous instances recorded of cases in which skilled and careful diagnosticans have searched for the condition, pronounced against its presence, and yet a later autopsy has revealed the fact that there had been during life active inflamation of the pericardium, with the usual products of inflammation.

The reason why diagnosis in many cases of pericarditis is so difficult is because there is no pathognomonic symptom of the condition. Moreover, there are really no distinctive signs or symptoms. All symptoms that occur may be simulated by those belonging to other diseased conditions. The to-and-fro friction-sound is simulated by a double aortic murmur, as well as by pleuro-pericardial friction. The presence of fluid in the sac may be confounded with other conditions attended by increased area of precordial dullness. While pain is a pronounced symptom in many cases of pericarditis, yet it may be absent, or amount merely to an ill-defined distress.

The facts stated make prominent the importance of an early and repeated search for pericarditis in all diseases in which it may occur as a complication. Thus, in rheumatic fever, in scarlatina, in infective conditions generally, as well as in nephritis, a part of the physician's daily attention to the patient should be careful examination of the precordial region. By so doing he may often discover early signs of an approaching pericarditis which, without such precaution, would be overlooked.

One of the signs to be found at this early period is in the the third left intercostal space. Sometimes, for one or two days preceding the appearance of the frictional-sound, there can be detected in this space diminished respiratory action. It later extends to the second interspace.

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Another early sign is a peculiar loud metalic character of the pulmonary second-sound.

The two signs described belong to the premonitory stage of the disease. After the inflamation has become established other signs, some of which are of a more positive character, follow. The to-and-fro friction sound, when detected, is of diagnostic importance. Sometimes it is transient, and so may be lost. When there is effusion, even though it may be moderate in amount, the most important sign is the one to which attention was called by Rotch. This is the appearance of dullness in the cardio-hepatic angle, which is in the fifth right interspace, adjacent to the edge of the sternum. Normally there is dullness at the cardio-hepatic angle, but not the deep dullness of the liver. But when there is fluid in the lower right sulcus of the pericardial sac the percussion note in this space is of a much higher pitch, amounting even to absolute flatness. This is an important diagnostic sign when there is small amount of effusion.

Other important diagnostic signs are the detection of the apex-beat inside the left line of dullness, and also a full, strong pulse with enlarged area of precordial dullness, cardiac hypertrophy being excluded.

There is another sign concerning which our views must be altered. Tradition says that with copious effusion the heart may be displaced upward and to the left so that the apex-beat may give evidence of being as high as the third interspace. But tradition is wrong. The pulsations occurring in this space are caused by the action of the right ventricle, and not by the apex.—*The Medical Era.*

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THE MEDICAL VISITOR

WILSON A. SMITH, M. D., EDITOR.
GEORGE R. HENNIG, BUSINESS MANAGER.

JUNE 1st, 1902.

[The editor of THE MEDICAL VISITOR is not responsible for any opinion expressed by its contributors. Everyone has a cordial invitation to contribute upon any subject connected with medicine or allied sciences. We believe in a broad medical platform, and the only restriction is that contributors shall be free from all personalities.]

Articles for publication, books for review, exchanges, etc., should be sent to the editor, Morgan Park, Illinois, and all business communications to the Business Manager, 95 Wabash Avenue, Chicago, or Lansing, Mich.

Editorial.

REPORT OF THE COMMITTEE ON REVISION.

Every physician who receives a copy of the annual announcement of the American Institute of Homeopathy will find therein a copy of two reports on revision of the Institute which will be submitted at the coming meeting at Cleveland for adoption or rejection. Whether one or the other of these proposed revisions, or neither, be adopted let us hope what is done may prove to be for the benefit of the old Institute.

The present plan of work, which we believe was the idea of Dr. Porter and Dr. Norton, adopted at Washington and made the order of business for three years, has been the most satisfactory one yet followed in the business transactions and has given every section an opportunity of presenting a large part of its work before the whole membership. It has also the especial advantage of publishing all the papers read and presented at the meeting in a single volume, as well as the discussions which are sent to the whole membership and it gives to the general practitioner a handy reference volume each year, which, when added to his library for several years, become a valuable working addition.

In the communication of Dr. Kinne's found in another column of this issue it will be seen that the work of the specialists will be presented in different volumes, if presented at all, and all that will be given a place in the Transactions will be those papers read before the Institute. In the plan of Revision it is proposed to publish all the materia medica meetings and there would appear in the volume just those papers of the different sections that could be presented in the space of one hour and thirty minutes each, this being the whole time alloted to the sections of surgery, gynecology, obstetrics, etc., before the Institute; the rest of the work of the various sections being performed under the respective

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charge of the special societies would be published in separate volumes, compelling the general practician if he desired these papers to join the special societies; an expense but few could stand.

While the larger number of the members of the American Institute are general practitioners, like the editor of the journal, still the general practician is somewhat interested in surgery, obstetrics, gynecology, etc., even if he has no desire to become a specialist, for some cases of surgery come to him, some obstetrics must be practiced by him, some points in pediatrics must be met, and hence he wishes to possess the work of the specialist so he may keep his mental faculties alert upon many points, and by their papers being presented to him he not only does this but finds increasing knowledge with every volume. Cut these out of the Transactions and one-half of the value of the book is eliminated.

Dr. O. S. Runnels, another member of the committee on revision, has presented another plan. It has some advantages over that submitted by Dr. Kinne in that it apparently provides for the publishing of the work of the allied societies in the Transactions. He gives more time to materia medica, clinical medicine and therapeutics than does the plan offered by Dr. Kinne, the afternoon sessions alone being devoted to sectional societies. He practically gives four days to materia medica, etc., and four afternoons to these specialties.

There is no provision for their reports not being placed in the Transactions, and we believe on the whole that if either report is adopted the one submitted by Dr. Runnels offers the best plan for meeting the wishes of the general practitioner.

We enjoy the distinction of being a country physician, the little town where ye editor resides boasts a population of less than three thousand, and we know what we need in medical meetings and believe that what we desire is in touch with the desires of the average country doctor. We do not want all materia medica in the Transactions, nor do we want all surgery, nor all obstetrics, but a mixture of all and thus are we better prepared for the work of a general utility man, the all around labors of the family physician.

We shall be glad to hear from Dr. McClelland, the other member of the committee who is interested, as well as the other two, in doing the best for the American Institute. It may be that he favors the plan under which we are working at present and which seems to be the plan of Dr. Runnels to a greater or less degree.

There is one point in Dr. Kinne's report which will hardly meet the approval of the membership. That is the method of selecting the place of meeting. The selection of a place of meeting by postal card vote

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proved a decided failure last year, and we should learn by experience. The attendance at Richfield Springs was conspicuous because it was the smallest recorded attendance we have had during the past eight years, there being less than three hundred members present during the whole meeting. The vote for Richfield was over five hundred, and the peculiar incident noted was that of those who voted for Richfield Springs and those who voted for Niagara Falls, the larger number who voted for Niagara Falls was present. In the center of a state possessing the largest number of members of any state in the Union, and practically in the center of the homeopathic profession, the meeting, so far as numbers were concerned, was a failure.

If this proves anything it proves conclusively that those who attend the meetings should select the place of meeting. The member who is willing to spend his time and his money to attend the gathering ought to be the one to select the place of meeting. These members go; they make it possible for the American Institute to exist; they give their energies, their money, and at a still greater sacrifice their time, and these entitle them to the voice in the location of the next meeting.

The postal card vote is an expensive vote. If there are two thousand members the cost to secure this vote would amount to not less than fifty dollars and as the membership increased the amount would increase. It makes it possible for one section to retain the meetings, and the inevitable result will follow that instead of there being one grand society another one will spring up and again the Western Academy, which at one time held a large membership to the detriment of the Institute, will be revived and withhold from the American Institute much of the strength it needs.

We have at the most liberal estimate 20,000 members of the homeopathic school and we cannot afford to divide our forces. Let us think this matter over; let us study it carefully, yea prayerfully; let us put passion and prejudice aside and face the issue with but a single thought in mind, that being, what is best for homeopathy and best for the American Institute of Homeopathy. Then, whatever is done, whether it is our will or the will of others, let us take it and make the best of it, working willingly, earnestly, honestly, for the cause which we represent and the society of which we are members.

THE ILLINOIS HOMEOPATHIC MEDICAL ASSOCIATION.

Nineteen hundred and two will go down in the history of the Prairie State as one of great glory for the Illinois Homeopathic Medical Association, because of the splendid attendance, the high character of the

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papers, and the uniform expression of loyalty for the school heard upon every hand.

One would indeed be short of interest in his work did he not feel a new inspiration for the labors which lie before him after attending the meeting of this most excellent society. Too much credit cannot be given the president, Dr. E. H. Pratt, the secretary, Dr. Edgar J. George, and the treasurer, Dr. E. C. Sweet, for the untiring and unceasing efforts which they put forth to bring out the large attendance, and the chairman of the various bureaus for their work in securing such excellent papers.

Some of the weak-kneed brethren who feel that homeopathy is doomed, that after all the millenium has at last arrived, and that there is nothing distinctive in the school, who bow down to the "Golden Calf" of serum-therapy, who long for the privilege of picking up the crumbs from the allopathic table, ought to have been present and heard the papers, seen the large numbers present and noted the enthusiasm exhibited by those who were there. Then these same knock-kneed folks ought to read in the daily papers the treatment accorded the homeopathic staff of the Long Island Hospital by a lot of hide-bound allopaths who resigned because of the appointment of the former to positions upon the staff.

Nearly four hundred members alone registered as being in attendance, while a large number of visitors, professional, would swell the total to at least five hundred in all. If homeopathy is dying out, if the time for the amalgamation is present, according to the belief of some, the vigor of this great society of the West certainly does not cast such a shadow. The fact that it possesses nearly one thousand dollars in its treasury, that all this money may be used by the legislative committee in fighting unjust laws, indicates a vigor that of itself gives the inspiration which brings final success.

Yes, it is true, that some of the papers presented in the bureau of surgery did not mention the remedy, some read in the bureau of gynecology did not mention the remedy, but when it came to materia medica, to clinical medicine, to the after treatment of all cases the amount of homeopathy presented made a feast for the one who loves the study of internal medicine. It is, indeed, a gratifying thing to know that as a school we recognize the limit of truth when it comes to internal treatment, and understand fully that some cases do not belong to the materia medica man until the surgeon has done his duty, the offending tumor removed, or the laceration repaired by mechanical measures. But when that is done it is a still greater pleasure to know that he of the knives and saws, of scissors and scalpel, of bandages and gauze sees the

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need of internal treatment to overcome the tendency of the system to reproduce the abnormal condition.

The look-out on the walls of Zion, seeing the dawn of a brighter day, will herald to the workers the approach of a clearer insight into the realms of medicine, greater growth of the truth of similia by the sloughing off of those who are doubters and hinderers in the progress of the school. Let us be thankful for this meeting, let us take courage from the promise which it makes, let us press on faithfully until all over the land there will be extended to us a royal welcome into any medical meeting, and when that time comes we will be willing to say that the greatest appellation one can have is the title of physician. Until that time comes, however, the greatest of these is the title of Homeopathic Physician.

If you want to render your school a service, and to be able to give an account of your stewardship the proper thing for you to do is to join the American Institute of Homeopathy. Send your name to Dr. Chas. Gatchell, Sec., 100 State st., Chicago, for a blank application.

The glory of homeopathy lies in the fact that it can stand much that is not true, nor homeopathic, being placed upon her, as being part and parcel of homeopathy. Neither the combination tablet, nor the high potency, represents all there is of homeopathy, if, indeed, they witness any sort of homeopathy. Hahnemann knew nothing of isopathy in his day, and the nosodes, if we are to follow the Master have no place in homeopathic therapeutics. And this is not talking against them, either.

We heard a quasi-homeopath say the other day that the school is doomed. When we hear a fellow talking like that we believe the wish is father of the thought and the speaker only wishes the school was doomed. No doubt but when Washington was camping at Valley Forge, his men barefoot and but half clad, many of the old tories thought the new republic was doomed. History has shown the folly of their thoughts as it will show the doubting ones in our school the folly of theirs. You have all heard "Truth crushed to earth will rise again." That statement is as true as the statement that there is darkness and dawn.

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Just to exhibit the excellent advance made by the dominant school of medicine in the treatment of cholera we beg to present the following: In the City of Manila there have been 1,165 cases and 935 deaths. The percentage of deaths being, in round numbers 80 per cent. If a Homeopathic physician had charge of the medical department of the United States Army and the death rate in any disease should reach such enormous proportions the protest which would be raised would almost be strong enough to stop the eruptions of Mt. Pelee. The only thing worse in such a report would complete annihilation in every case, and yet there would be some who look upon serum-therapy, and physiological medicine as scientific. We would rather take our chances with a good homeopath any time.

Just a word about the route selected; passengers on the Lake Shore can leave Cleveland on six different trains, while on the other roads one is limited to three at the most, and two on the other, one a night train and the other a day train. The comfort of getting a train home is as great as the comfort of going. You can arrange to arrive home, Chicago, at 7:10, 7:50, and 11:50, in the morning, or you can reach Chicago at 4:00, 4:30, 7:10, or 9:00 in the afternoon. The Lake Shore is the route of the Lake Shore Limited, the finest train in the world, and carries the fast mail, being famous for its punctual service. If you travel over the Lake Shore you are "on time." Please send your name for a reservation either for Sunday night or Monday night. Train leaves the Grand Central Depot, corner of Fifth Ave. and Harrison street, Sunday evening, June 15, and Monday evening, June 16, at 10:30.

News Items and Personals.

Dr. Mary Elizabeth Hanks has removed her office to the Marshall Field Building, Chicago.

Dr. E. S. Wright, formerly of Freeport, Mich., has removed to Conneaut Harbor, O., where he already has a good business.

Dr. and Mrs. J. Perry Lewis, San Diego, California, sail for Europe on the 21st of May where they expect to spend some months in hospital work.

The appointment of Edward G. Bodenbender of 660 Walden Ave., to be district physician (homeopathic) on the east side, to succeed the late Dr. E. A. Fisher, was announced by Health Commissioner

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Walter D. Greene. The appointment was made from the civil service eligible list. Dr. Bodenbender passed the examination for the position, and attained a percentage of 100.

Dr. A. S. Green has fully recovered from a severe attack of smallpox and is again at work. His many friends will be pleased to learn of his return to active practice.

A recent meeting of the board of governors of the Albany Homeopathic Hospital, New York, decided to erect a modern building on north Pearl street in the near future.

Dr. E. E. Gillard, son of Dr. Edward Gillard, of Sandusky, O., has located at Rock Creek, O., succeeding Dr. Morrison, the latter having moved to Urichville, Ohio.

THE MEDICAL VISITOR extends to Dr. J. J. Thompson, Chicago, its sympathy in the serious illness of his aged father, and trusts that he will soon be restored to his former good health.

Dr. Richard Hughes, the greatest homeopathic physician of England, and author of many of our best works, especially the Pharmacodynamics, died at his home in Brighton, Eng., April 3d, 1902.

Dr. C. W. Weaver, of Taneytown, Md., would dispose of his practice to a competent homeopath. It has been established sixteen years, but owing to poor health the doctor desires to locate in a large city where he can give his energies to a special practice. Write either to the doctor or our correspondent, Mr. A. E. Frankland, Lamont Hotel, Pittsburg, Pa.

Dr. E. G. Bodenbender has been appointed to a third term as health officer of Sloan, a thriving suburb of Buffalo, N. Y. This office was always held by the old school until Dr. Bodenbender was appointed.

Dr. Alice Barlow Brown has returned to Chicago, from Buffalo, and was heartily welcomed by her confreres and patients. She has an office at 100 State St., in the Reliance Building.

The Clinical Society of Hahnemann Hospital, Chicago, is officered for the coming year as follows: President, O. L. Smith; vice-presidents, Mary E. Hanks and C. D. Collins; secretary, W. P. McGibbon; treasurer, Joseph P. Cobb.

Speaking of journals reminds one that *The Critique*, in its new dress, is a handsome specimen of the magazine creation, at the same time its contents are just what a busy physician needs—practical hints in every day work.

Dr. Chas. N. Benham has moved into a new residence, which also has an office attached. It is the best location and one of the best residences in the thriving city of Phoenixville, Penn.

Dr. G. S. Hodson has commenced the erection of a ten-thousand-dollar residence in Washington Court House, O., on one of the best locations in that place. The doctor enjoys an excellent practice and has

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one of the best office outfits in the Buckeye State. Glad to hear of his prosperity.

Dr. L. P. Sturtevant, Coneaut, O., has returned from a six months trip through the South, making his headquarters at San Antonio. Dr. Sturtevant is one of the "Old Guard," having received his degree twenty-eight years ago, with the class of '74, Cleveland Homeopathic College.

Dr. C. T. Wiant, Marion, Ohio, is giving attention to the treatment of cancer with the X-rays and reports some excellent results. When the complete experience of all observers is gathered into a concise report we shall be able to form some valuable opinion concerning the efficacy of this treatment.

On April the 2d, 1902, occurred the marriage of Dr. John A. Shower and Miss Irene Gable. The happy couple took a wedding trip to Old Point Comfort and returned to their home York, Pa., on May 1st. We extend our best wishes, expressing the hope that none but life's best may be theirs.

Dr. Henry Yeagley, of Lancaster, Pa., died recently in that city at the age of 75. Dr. Yeagley was a member of the Eclectic Board of Examiners of Pa., and a pioneer of that school in the Keystone state. Besides that he was one of those of whom it may be said "He was a gentleman."

The officers of the Missouri Institute for the ensuing year are: President, Dr. L. E. Whitney, Carthage; Vice-President, Dr. W. A. Forster, Kansas City; Secretary, Dr. L. P. Crutcher, Kansas City; Provisional Secretary, Dr. W. E. Riley, Bowling Green, and Treasurer, Dr. D. M. Gibson, St. Louis. A good set of workers, which means a good meeting next year.

At Liberty, N. Y., the health board has ordered that no hospital or sanitarium for consumptives shall be maintained within the city limits, and that tuberculosis shall be classed as an infectious disease, and sufferers from it be reported and quarantined if thought necessary. This is the result of the erection of several tuberculosis sanitariums near the city, where the mountain air is said to be beneficial to consumptives.

At St. Louis Harry Fitzgerald is in the City Hospital suffering from ruptures of the muscles of the legs and arms. Fitzgerald has appeared before thousands of clinics and in almost every medical college in the country. He could unjoint himself at will. It is stated that the ruptures are probably due to the strain upon the muscles, occasioned by the disjointing of his limbs—the leg at the ankle, knee or thigh, and the arm at the wrist, elbow or shoulder.

The May issue of the *Cleveland Medical and Surgical Reporter* is one of the best issues of any journal that has come to ye editor's desk. Drs. Horner and Bishop are getting up a splendid magazine and deserve the support of every homeopathic

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physician, whether a graduate of the Cleveland Homeopathic Medical College or a graduate of another school. Such efforts as they are putting forth deserve sustaining by subscriptions. Here is our congratulations, Brothers Horner and Bishop.

The New York State Department of Health has announced that it is prepared to furnish diphtheria antitoxin for the treatment and immunization of persons sick or exposed to diphtheria. Last winter the Legislature made an appropriation for the establishment of a laboratory to produce and distribute antitoxins. Those entitled to treatment with the state's product are any of the inmates of state or other charitable institutions, hospitals and asylums, and any person suffering from or exposed to the disease who is unable to purchase this remedy. Antitoxin prepared and distributed by this department is not to be sold under any circumstances.

We regret to announce the death of Dr. Edward A. Fisher, one of the leading physicians of Buffalo. He died early in March. His death was the result of a stroke of apoplexy. He had a large practice of eighteen years' standing. He was a Mason of high degree and was a stockholder in several prosperous business enterprises. He graduated in 1881 at the Homeopathic Medical College of the University of Michigan. He lived with his family in their handsome residence at No. 1038 Fillmore avenue, which is one of the chain of boulevards which surrounds Buffalo. His death leaves a fine opening for some active homeopathic physician. We extend our sympathy to his bereaved widow and children.

Dr. William Gulick of Watkins New York, is certainly one of the oldest and is possibly the oldest Homeopathic physician in active practice. He is 87 years of age and answer calls in town and country as well as attending to an extensive office practice. He also finds time to read several medical journals, his favorite periodical being THE MEDICAL VISITOR. He enjoys good health, can see and hear well and eats moderately of a mixed diet. In April our traveling correspondent, Mr. Robert S. Oliver, was cordially entertained by the fine old gentleman, at the doctor's home in Watkins, one of the prettiest towns in the empire State.

The Minneapolis Homeopathic Medical Society has just been successfully reorganized with a membership of fifty, which includes practically all of the homeopathic practitioners of the city. Its purpose is to secure united action in all matters affecting its members and to strengthen homeopathy in the community. One of the specific pieces of work likely to be undertaken by the society is a renewal of efforts to secure a separate medical college at the state university. The meetings of the society are to be held the second Wednesday of each month at the homes of the members.

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Societies.

American Institute of Homeopathy.

OFFICE OF THE PRESIDENT.

To the Members of the American Institute of Homeopathy:

All arrangements for the Fifty-Eighth Annual Meeting of our National organization, to be held in this city June 17th to 21st, are now complete. Present indications fully justify the assurance that, in the matter of attendance, in its interest, and in its special features, it will greatly excel any previous meeting in the history of the Institute.

Cleveland is a summer city. In our week in June it will be at its best. It promises cool nights and pleasant days, while its shaded streets, its beautiful Park system—which is Cleveland's especial pride—and its water-front, all combine to make it attractive to the visitor and refreshing to those who will next month enjoy its hospitality.

The spontaneous response that the special feature—the College Alumni Conclave—has brought forth, of itself guarantees a large attendance and an intense interest. It is thought that this occasion will do much to create increased interest on the part of each Alumnus in his own Alma-Mater.

Members of the profession should realize that the present is a critical period in our history. Events of great importance are at hand. In the law-making bodies of many States radical legislation is about to be attempted vitally affecting our interests as a school. The Institute is the most powerful guardian of your rights. Never before was a strong organization so important. Each one must do his part. Come and lend your aid.

The various social functions that have been provided by the local profession, while adding much to the enjoyment of the visiting members, will in no wise interfere with the serious work of the Institute. They are all planned to take place outside of the hours devoted to the business and scientific Sessions. They will consist of the Conclave, a reception and dance, of drives and trolly-rides, while there will be rare opportunity to indulge in golf and wheeling.

The Chamber of Commerce Building, in which the Sessions will be held, is unusually well adapted to our purposes. The Hollenden Hotel, which will be Institute Headquarters, is a first-class house, and the entertainment will be of the best. But, in addition to this, there are many other Hotels, of all grades and prices. Cleveland is very easy of access from all parts of the country, and the Committee on Transportation has arranged for a fare of one and one-third for the round-trip from all railroad centers east of the Rocky Mountains.

On the part of the profession and

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citizens of Cleveland a hearty welcome awaits all who may come.

JAMES C. WOOD, M. D., President.
CH. GATCHELL, M. D., Secretary.

The Homeopathic Medical Society of Chicago.

An adjourned meeting of the Homeopathic Medical Society of Chicago, was held in the Great Northern Hotel, Thursday evening, May 22d. Dr. Mary E. Hanks in the chair.

The meeting was called to order at 9 p. m. and the reading of the minutes of the preceding meeting was dispensed with. No essayist being present the election of officers for the ensuing year was next in order.

Dr. N. B. Delamater presented the name of the vice-president, Dr. Hanks and she was elected to the office of president unanimously. Dr. Delamater presented the name of Dr. Wilson A. Smith for vice-president and he was elected unanimously.

The names of Drs. Frank Wieland and Flora P. Watson were placed in nomination as was also the name of Dr. W. Henry Wilson. Drs. Wieland and Watson both withdrew their names and Dr. Wilson was unanimously elected secretary.

Dr. O. L. Smith being the only one nominated he was unanimously elected treasurer.

President Hanks appointed as delegates from the Homeopathic Medical Society of Chicago, to the American Institute of Homeopathy, for the meeting of said society at Cleveland, June 1902, Drs. A. L. Blackwood, H. C. Allen, N. B. Delamater and Flora M. Watson.

The legislative remains as last year and is as follows: Dr. J. P. Cobb, chairman; Drs. Chas. Gatchell, Wilson A. Smith, S. P. Hedges and J. R. Kippax.

On motion the society adjourned sine die.

MARY ELIZABETH HANKS, Vice-President.
WILSON A. SMITH, Secretary.

Illinois Homeopathic Medical Association.

The 47th annual meeting of the Illinois State Homeopathic Medical Association was called to order by the President, Dr. E. H. Pratt at 10:15 a. m., May 13th, 1902.

The minutes of the preceding meeting were read by the Sec., Dr. E. J. George and approved.

The report of the Treasurer was presented by Dr. E. C. Sweet and showed an extremely healthy state of the finances, there being nearly seven hundred dollars in the treasury after the payment of all bills.

The various committees reported their work and the necrologist, Dr. Wilson A. Smith read the names of three who had joined the majority during the intervals between the last meeting and this one as follows: Dr. Sarah W. Andrews, Dr. F. Edgar Downey and Dr. F. C. Dunan, suitable resolutions were offered and adopted expressing the deep loss felt by the removal of these active workers.

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The first Bureau to report was that of Clinical Medicine under charge of Dr. Katharine B. Clapp and for the first time in years the Bureau was filled and an honor to the society, for which due credit is extended to Dr. Clapp.

The first paper on the program was by Dr. A. C. Cowperthwaite on Remedies in Malarial Fevers. He said that quinine is the chief remedy, but not the only remedy in these cases. The arsenate of quinine is a good remedy in a typical case. Eupatorium, Natrum mur, Ipecac and other remedies were mentioned that had done much good and cured many cases. He stated that any remedy might be called for in these cases if "symptoms agree."

Dr. C. H. Evans in discussing the paper said that the symptoms presented by the patient himself were the guide in the selection of the remedy. In cases suppressed by heroic doses of quinine there was a tendency on the part of the patient to suffer relapse which would not occur if the case is properly treated from the beginning by the indicated homeopathic remedy.

One of the members called attention to one form of quinine which in connection with apomorphia is an excellent remedy.

Dr. C. E. Fisher said he was in hope he would not be called upon to discuss this topic, as he did not care to appear in antipathy with Dr. Cowperthwaite in his use of the preparation of cinchona for this trouble. In the long experience he had had in malarial sections of the country he had learned one thing, and that was to abandon quinine in nearly all forms of malaria, but he did not learn that until his attention was called to it by a New York physician. He noted that quinine has a distinct chill, fever and sweat, these being typical in reference to time of appearance, lengths of chill, fever and sweat, but such cases are indeed rare, most all, if not all, being of a mixed type. This being the case he failed to find those indications which are met by quinine. At one time Dr. Fisher was so much attached to the use of this drug, and believed in it so thoroughly that he used it hypodermically in all forms of intermittent fever. His attention being called to the abuse of the drug, and noting often the ill effects of such treatment he commenced to use Homeopathy with the result that his patients were cured much more quickly and permanently. He has noted that many old school physicians were abandoning the use of quinine in malarial fevers. The treatment of these cases requires deep acting remedies and not those of a superficial acting character.

Dr. Cowperthwaite in closing the discussion said that he felt Dr. Fisher was in full accord with his paper as he emphasized the necessity of selecting that remedy which covered the symptoms. The only difference between Dr. Fisher and the speaker was that Dr. Fisher had enjoyed a large experience in

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the treatment of malaria while he had not had such a vast experience.

Dr. Sarah M. Hobson presented a paper on Quarantine in Contagious Diseases.

Dr. Mary E. Hanks in discussing the paper said that to her it was a valuable one. Dr. Hobson is a close observer and her experience in the Home for the Friendless must enable her to bring out those valuable points. The one thing which impressed the speaker was the ability with which Dr. Hobson had controlled the spread of this contagious disease. In the prevention of the disease Dr. Hanks had used carbolized glycerine, in a case under treatment and not another child in the family or in the neighborhood took it, showing, as she believed, the efficacy of this chemical as a prophylactic.

Dr. Hobson said she believed Dr. Hanks was right in supposing the prevention of the spread of this disease was due to the use of drug which she mentioned.

Dr. A. L. Blackwood presented an interesting paper on The Sequalæ of Pleurisy.

Dr. Chas. Gatchell said the most interesting point in Dr. Blackwood's paper is the relationship of pleurisy to tuberculosis. Out of many cases he mentioned quite a large per cent were tuberculosis. The large number he mentioned as being tuberculosis about 1 to 20, would seem to indicate that tuberculosis was the primary condition and pleurisy a secondary condition. In the treatment of these cases Dr. Blackwood has put stress upon lung gymnastics as being of great service. This, said Dr. Gatchell is correct and may be secured by having the patient blow water out of one tube into another and then reverse the operation. He also called attention to the pneumatic cabinet as being of great service. The bottle referred to by Dr. Gatchell is known as the Wolf bottle.

Dr. Blackwood said he had nothing to add and the next paper was then presented by Dr. Clifford Mitchell on "The treatment of dropsy." which was of interest. The essayist suggested the exhibition of remedies in doses sufficient to remove the accumulation of water and then follow with such remedy as may be called for by the symptoms. Among those was citrate of potassium which he had noted as being effective.

Dr. Wieland was to have opened the discussion of this paper but was absent.

Dr. Blackwood in discussing the paper mentioned the benefit he had derived from the use of colon flushings with the normal salt solution. This often stimulated the kidneys when used with high colon tube.

"Degeneration of the Myocardium" by Dr. Chas. Gatchell was the next paper presented. In the paper he called attention to the necessity of watching the heart and mentioned the classical symptoms by which the beginning of this difficulty may be noted.

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Dr. Charles E. Kahlke in discussing the paper said it so fully covered the ground that it took about all the wind out his sails, but for the sake of an argument he would disagree a little in some things. The myocardium is more easily treated than the diseases of the pericardium and was glad the Doctor had taken that for his subject. Patients often suffered with such diseases and were told by physicians that they might go about their work with but little danger to themselves. He believed that such cases took anesthetics very poorly and frequently degeneration of the myocardium was the real cause of death when an anesthetic was given instead of shock. Dr. Kahlke thought the degeneration of the right heart might be differentiated by the fact that if such a condition is present the second sound is absent. He believed as did the essayist that rest occupied a most important place in the therapeutics of this trouble and the patients must avoid any excessive muscular exercise which would put a strain on the heart muscle.

Dr. Morrison, of Urbana, Ill., stated that thirty-five years ago he had a patient who suffered with a heart murmur who is still alive at the age of eighty years, has the same heart murmur, and cannot be considered as being in danger from the trouble, although he had been told he (the patient) would not live very long. Among the old school physicians who had examined the patient was the late Dr. Flint, of New York City, and he gave the unfavorable prognosis. Dr. Flint had examined the patient before his class and in a clinical lecture declared it to be impossible for a man with such a heart to live to reach the age of fifty.

Dr. T. C. Duncan said there were a few points that might be emphasized, and one of these points was the dull pain over the region of the heart which is an early symptom of degeneration of the heart muscle, Athletes are very prone to degeneration of the heart, particularly when they stop their exercises. In these cases he looked upon arnica as one of our best remedies, another is china and another arsenicum. These three form the bulwark of the physician in handling what should be termed the athletic heart.

Dr. Gatchell in closing said he desired to thank Dr. Kahlke for the discussion of the paper.

Dr. H. V. Halbert presented a paper under the title of "The Treatment of Cardiac Insufficiency."

Dr. C. T. Hood in discussing the paper said that he owed the society an apology for undertaking to discuss the paper because he had not been favored with a copy of the paper and knew nothing of its contents until he had heard it read this afternoon. He felt, however, that the paper was one worthy of careful consideration. When the symptoms mentioned in the paper come on suddenly as they do in some cases it becomes quite difficult to say just what are the changes in the myocardium.

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The doctor in presenting the symptoms of cardiac insufficiency did not mention one of the early ones, an inability to lie down. In cases of pneumonia and rheumatism, which we have to deal with, if the patient wants to be propped up in bed, difficulty in breathing on lying down, even if the pulse does not indicate a cardiac trouble, there is no doubt some change going on in the myocardium, a probable infective mycocarditis. Dr. Hood stated that he was glad to hear the doctor recommend two drugs in these conditions of the heart as his experience had led him to believe them of the greatest importance in handling these cases, and these were arsenic and iodine. He mentioned opium as a remedy in small doses which acted as a tonic upon the heart and often did great good.

Dr. Morrison asked Dr. Hood the strength in which he used iodide of arsenic.

Dr. Hood replied that he generally used the sixth.

Owing to the fact that ye editor was called away notes of the Bureau of Gynecology were not secured although several good papers were read.

The Bureau of Sanitary Science and Hygiene was called to order by the chairman, Dr. O. B. Blackman, of Dixon, Ill., Wednesday morning, May 14th, at 9:30 a. m

Following the Sectional Address by the chairman, Dr. E. D. Perkins, of Chicago, presented an able and scientific paper on "Water Supply and Purification for Country Towns for the Prevention of Infectious Diseases." Coupled with every proposition of human interest today is the question, "Will it pay?" Even with the low estimate that the State puts upon the value of a human life, $5,000, any subject that has to do with the conserving of human life is a proposition worthy of earnest consideration and will pay. Never in the history of medicine has such serious inquiry been made into the causation of disease as during the last decade, and we now know peradventure that drinking water is the ready medium and fruitful source of pathogenic infection as well as the natural habitat of harmful organisms.

In his report to the State Board of Health published in the 16th Annual Report, 1895, Prof. H. L. Russell, of the Wisconsin State University, secretary and bacteriologist of the State Board of Health, says, that the sand filtration of water purification consists of passing the water supply through a layer of sand, not so much because of the substances in solution but to remove those that are in suspension. When the method was first introduced, it was not supposed that it would deprive the water of the bacteria that were in it, because it was thought that the minute organisms would allow their passage through the interstices of the sand. Practical demonstration, however, proves that the sand did remove a large per cent. of the bacteria, the diminution being from 95 to 98 per cent. Still the diminution

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in the number of organisms in filtered water means a great deal chemically, and water often shows but a slight improvement by filtration, whereas bacteriological examination shows improvements from 97 to 99 per cent. This improvement depends largely upon the superficial stratum of sand. This layer becomes filled with innumerable bacteria by proliferation and each organism becomes surrounded with a slimy coat, and these gradually extend themselves by bacterial growth and continuation of suspended matter until they form a continuous homogenous slimy coat which acts as a layer of water and prevents bacteria from passing in a purely mechanical way through the filter.

If the sand filteration method will work successfully in Ashcland it would seem applicable to almost any condition that might well be found. During the first year the reduction in the death rate was fifty per cent and the normal death rate was decreased markedly. The cost was $40,000. In lower latitudes the cost would be correspondingly less, because a cover would not be needed, though that would seem desirable for cleanliness in any latitude, for the purpose of retarding object growth. This was the first cover filter erected on this continent and has attracted visitors very largely. This imperfect method of sand filtration is the most perfect method that has yet been devised. In the *New England Association Journal* of November 4th, ——, the following table was given:

Six inches coarse gravel,
Two inches fine gravel,
Two inches finer gravel,
Four feet sand,
Two to three feet water.

The paper was discussed by Dr. A. E. Smith of Freeport, who said that a great deal of sickness has been due to impure water supply, especially in the country towns; this also holds true in regard to some of our larger cities. Sicknesses are caused by impure waters, and the different classes of water, and the different kinds of impurities that are found in these different classes. The essayist has limited the matter apparently to surface waters, whereas if we take into consideration the river supplies, the lake supplies, we must not only consider the surface waters but the brooklet waters as well, for the reason that these river and lake supplies are a combination of not only surface water but brooklet waters and the impurities that may enter into the one may not enter into the other.

A number of our smaller towns and country cities are receiving their waters entirely from deep wells, brooklet waters solely and completely, and I believe are as a rule well supplied with good potable water. The cities that are receiving their water supply from the surface and from the combination of surface and brooklet waters bear equally as good investigation, so far as health of the cities is concerned,

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as those that are receiving their waters from the deep well. To mention a few of these and their supply, take Elgin, for instance. That has a combination of brooklet and surface water; the health of the city is very good. Rockford receives its water supply from deep wells entirely. Their mortality rate in diseases that are liable to be the result of contaminated waters show a record of death of one typhoid fever case last year. Freeport receives its water supply from deep wells, and its supply is abundant; death rate of only two typhoid cases the last year. For the last ten years the mortality rate of death from typhoid in these cities has been very low indeed.

Kankakee receives its water supply from the Kankakee river and the city consumes more water than any other (a fact that I have investigated) in the state of Illinois. The distribution to each inhabitant of the city of Kankakee, during the last year, is 108,000 gallons of water. This may be accounted for in three ways: either they are very extravagant in their use of water as compared to what other cities are using; or they are very cleanly; or possibly they prefer drinks that are very soft and do not know that there is such a place as Milwaukee on the map. Dixon, Ill., has the deep water supply and I presume it is safe to say that the Dixon people, cleanly people, probably use all the water they want, are as thirsty as ordinary people, and know that there is a place like Milwaukee, and yet they use only 15,000 gallons of water to each individual to the year. The average supply of the cities that I have investigated is from 20,000 to 35,000 gallons for each individual.

The contaminations of waters may be considered from two standpoints: the miasmatic class, such as diarrhea and malaria; and the miasmatic contagious class, such as typhoid fever and cholera. The country has been for some time free from cholera. The last severe siege I believe we had was at New Orleans, at which time that city was supplied by potable waters entirely from wooden cisterns or tanks that were elevated above the possibility of contamination from any sewage, and yet the epidemic at that time, some fifteen or more years ago, was extreme. The only solution of a question of that kind at that time was that the atmosphere was polluted. As we may have the pollen of plants drifted from different parts of the country by the atmosphere, so it does not seem unreasonable that we might have the germs of cholera transported from one part of the country to another, or possibly from across the waters, and infect the atmosphere sufficiently to produce difficulties of this kind.

In regard to the miasmatic contagions, it would seem that there must be a process of decomposition going on in vegetable matter contained in the water, a putrefaction of animal matter and the excreta from

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the human being or the animal, or that it must be infected directly from a case suffering with the difficulty—typhoid or cholera.

The president of the association, Dr. E. H. Pratt, announced as guest the president of the American Institute of Homeopathy, Dr. J. C. Wood of Cleveland, requested Dr. Wood to occupy a chair on the platform, and desired Dr. Wood to consider that he has the hospitality of the entire society extended to him.

Dr. Wood responded as follows: Mr. President, chairman ladies and gentleman, I thank you very much for the invitation to participate in the exercises, which I shall enter into most heartily. It affords me great pleasure to be with you. I occupy a very comfortable seat at the present time, and being a modest man I think it best for me to remain here. I hope to have the pleasure, however, of meeting you all at the banquet this evening.

The next paper was entitled "Sewer Disposals and Contaminations" by Dr. M. J. Moth. The Doctor stated that as the essayist preceding him had stolen a good deal of his thunder, he would cut out a portion of his paper to shorten the time.

In 1898 bacterial filters were first introduced and seven were in operation during the greater part of that year, and the advantage of coarse filtering material over fine sand was demonstrated. Previous to that it is said no difference was observed. Passing the sewage outward through a tank filled with broken stone, gives an increased surface upon which the bacteria grow, and therefore increases the efficiency of this method. Thus has come about an evolution from the effort to destroy to increase bacterial life in sewage and we have recently discovered what seems to be the natural and most efficient, as well as the least expensive means of purification of sewage. The beauty of the plan and the economy of the process is in the fact that all flushed or washed sewage, that is, all sewage which is allowed to run into the common sewer with waste water, contains within itself the element of its own destruction; that is, it never lacks for bacteria. The effort then should be to purify this sewage by producing those conditions most conducive to the bacterial life and to continue this until such life ceases for want of nutrition, and the newage be thereby purified of both nitrogenous matter and the bacterial life itself.

Fresh bacteria are now conceded to be of two classes, as regards character of their existance: those that live with the presence of water and those that live with the presence of air. The former live upon the surface of water and a slight distance below; the second class attack organic matter and produce liquification, eliminating carbon and nitrogen by eliminating the gases of which these are composed.

Dr. T. C. Duncan, Chicago, presented an instructive paper on "Bo-

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vine versus Human Tuberculosis." In Koch's paper, read in London, he reported a number of experiments in transferring the germs from the human to the animal body. He used a single breed of cows, which he had in his stable for that purpose. In various ways he used sputum, injecting it into the muscular tissues, fed the cows upon it, and used it in a spray so that the cows could not avoid inhaling it. They not only did not acquire tuberculosis, but grew fat on the treatment. Experimental transmission is not proof of actual transmission under other circumstances, and it is probable that its transmission is extremely rare.

In response to request for testimony from Mr. Gerler, he stated that in all his experience he had had only one tubercular calf in his dairy, which he accounted for as follows: He had a surplus of milk which he took to the station daily, taking back promiscous skim milk which he used in raising the calves, and this six-months-old Jersey calf he thinks contracted tuberculosis from the skim milk. In using the the centrifugal separator, it is found that 46 per cent of the tubercular bacilli are in the slime on the wall of the separator. It is their own weight or specific gravity that directed them there.

In regard to the statement in Dr. Duncan's paper that bovinine tuberculosis cannot be transmitted to man. Dr. Gatchell quoted from Dr. Koch as follows: "Though the important question whether man is susceptible to bovinine tuberculosis at all is not yet absolutely decided, and will not admit of absolute decision today or tomorrow, one is nevertheless at liberty to say that if such susceptibility already exists, the exception of human beings is of but rare occurrence." The speaker urged that proper precautions be taken in the matter in which life is at stake, even though it is of rare occurrence.

"State Sanitation for Consumption," a very able paper, was read by Dr. Gatchell. "Scientifically," said Dr. Gatchell, "it is a remarkable fact that pulmonary tuberculosis is the most curable of all chronic diseases. In fact there is never a death from pulmonary tuberculosis; death is due to secondary infection." As to the result of the treatment of these patients, the writer summed up the situation in the following manner: "Among the rich, favorable; among the moderately well to do, doubtful; among the poor, fatal. Fresh air and sunshine are two principal factors in the treatment of this disease, and proper food is of prime importance." Dr. Gatchell advocated the appointment of physicians to examine the school children and make report to the State Board of Health; and the maintenance of an institution by the municipality for the care of its tubercular patients.

Dr. C. B. Kinyon, of Ann Arbor, in opening the discussion said the paper was admirably written, and not to be criticised, and the subject as a whole is too extensive to be discuss-

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ed. A question difficult to determine is, "When does infection take place?" Also a great many people would object to having the city take the place of the parents in caring for these patients, and we must take the time to educate the people before this excellent plan can be put into effect.

Dr. Pratt announced the special order of business for this hour, twelve o'clock, which it has been the custom of the society for years to respect—the election of officers.

During the election of officers the committee on legislation made a supplementary report through the chairman.

Dr. J. P. Cobb: In giving our formal report yesterday, we did so to a comparatively small number of the Association, and the Association kindly allowed us the time to make a supplemental report today at this time.

The object in making this supplemental report is not to tell you what the Homoeopaths of Illinois *have* been doing in connection with the Medical Legislature, but to tell you what they have *not* been doing; to tell you what has been brewing and being prepared by the older school of medicine.

There is a proposition going the rounds which ought to have reached your ears by this time, namely: that the Homeopaths are to be swallowed. The American Medical Association, which reaches into every county of every state in these United States, which is the strongest organization the world knows, has promulgated from its centre the edict that the Homeopath is to be swallowed, we not knowing that we have been swallowed. All the bars are to be taken down in the old school associations, to make it easy for us to enter to be swallowed. The other that all the State institutions shall pass over into the control of the old school representatives.

The first step being taken, not only in Illinois but in other states, is in the election of State Boards of Health. It has been decided by this Senate or delegate body which controls the American Medical Association, that where it is possible a move shall be made, and made soon. The order went out about two years ago. The first step is the formation of a committee which shall correspond with every physician in the state, putting him on record as to what he wants and what is expected of him, and the preparing of a bill, the first article of which is, as I shall read, from a memoranda of the new bill as follows:

"The Board shall consist of seven members. This is an examination board which shall be known as the 'Board of Medical Examiners of the State of Illinois.' The members of the State Board shall be appointed by the Governor from nominations presented to him by the officers of incorporated medical societies. Nominations *may* be submitted to the Governor by any such Medical Society of Illinois having an actual membership of not less than five

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persons of the residents represented in medicine, surgery and all branches, as decided by the affidavits of its president and secretary, provided that any such society shall embrace actual members from over ten counties in Illinois.

This means that all of the different societies *may* submit nominations to the Governor, and the Governor, *may* appoint whom he pleases. And there is to be nothing in the bill to specify that any particular appointment shall come from any particular school, or that any of our schools of medicine shall be represented on the board; or tne Governor *may* have the option to select from those that are submitted, and we *may* all submit nominations.

Another point, which is in the bill in preparation, is in relation to the question of examination. The examinations of those who desire to practice medicine and surgery in all their branches, shall be conducted under the rules formulated by the board, and shall be on the following subjects: Anatomy, physiology, bacteriology, pathology, chemistry, toxicology, surgery, obstetrics, cause, origin and diagnosis of disease, hygiene, and sanitary science. No examination is proposed on materia medica or therapeutics. This is done advisedly. The argument used is that as the different schools of medicine educate their students exactly alike in the fundamental branches and general knowledge of medical science, there exists no reason for examining them on their knowledge of therapeutics.

The practical application is this: It not being necessary that there should be any examination on materia medica or practical therapeutics, very soon it will be claimed that there is no need of any particular school of medicine being represented, and we shall be left out, because we shall be in the minority.

In other words, this bill provides two ways in which the Homeopaths, and any other special small minority school, may be left out, and finally swallowed.

Now, gentlemen, unless we do something, this bill is going through, and it is going through in our next legislature this winter. Try to get the active support of a representative member in every one of the senatorial districts in Illinois. That is, complete the organization I mentioned yesterday. I believe the work we have done has started the ball, but you need to appoint a committee in whom you have the utmost faith as to their responsibility, and which you believe knows how to work, and understands what needs to be done, and give them power to work, remembering, also, that it costs money. It costs money to do anything. This committee will have to spend money in car fares in getting together, in sending out letters to delegates or individuals. To spend money sometimes, in some places, to educate the representatives upon whom you wish to bring an influence; and I advise that

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in appointing this committee you instruct your president, to make the president, treasurer, and secretary of the state society members of the committee. Then if you respect the responsibility of the president, secretary, and treasurer that you elect, you should entrust them to spend your money for something that is for the good of the cause of Homeopathy,

There are several other members who have something to say upon this subject. I would like to have you ask for Dr. Goodrick.

Dr. Goodrick: This is a question that does not require as much talking as hard work and a lot of action. Dr. Carl Black, who is chairman of the committee of the state society of the Regulars, is my friend and neighbor, and furnished me with this copy of the proof of the bill they propose to submit to the regular state meeting at their session next week at Princeton, hoping that we would see our way to agree if they would adopt that bill, that the two organizations would work together. I tried to get hold of the bill and only succeeded the night before I started.

Dr. Blackman: It is on my heart now to say this, that while we recognize the depth of homeopathic learning of the physicians of Chicago and our teachers, especially the members of the society, let us make it a point the coming year to enlist the services of our country members. As to the remark that Dr. Cobb made with reference to our State Legislations, I venture the assertion that if you have the country doctors who are generally well acquainted with the representative at Springfield, you will then accomplish the work you are seeking now, and have failed to do in years gone by.

Dr. Cobb: The members of the Legislative Committee would suggest, as we are informed the men in the country can get at the Legislators better than the rest of us, that all the gentlemen and ladies from the country who are willing to work on this Legislative Committee will please leave their names at the desk before they leave the Association. This list we have for the completion of the committee, which is not complete, and we want the names of those willing to work and to help us.

I want to move that this Association makes the president and vice-presidents, secretary and treasurer ex-officio members of the legislative committee.

The motion, duly seconded, prevailed.

On motion of Prof. Shears, seconded by Drs. Cobb and Smith, the committee was authorized to expend such money as they deem necessary for the prosecution of this legislative business and to further the purposes of the society.

Dr. Goodrick was called for.

Dr. Goodrick: I think everybody understands the situation.

Following the report of the Legislative Committee Dr. Pratt

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announced the result of the election as follows:

President, Dr. O. B. Blackman, Dixon, Ill.

First Vice-President, Dr. N. Starr, Charleston, Ill.

Second Vice-president, Dr. M. H. Goodrick, Jacksonville, Ill.

Treasurer, Dr. E. C. Sweet, Chicago.

Secretary, Dr. Edgar J. George, Chicago.

Provisional Secretary, Dr. Alice Barlow Brown, Chicago.

Necrologist, Dr. Wilson A. Smith, Morgan Park, Ill.

Dr. Blackman thanked the society for the honor conferred upon him and expressed his intention to do his very best to have a full meeting next year.

Dr. George wished to retire from the office of secretary but Dr. Pratt said: "I do not think the society realizes what Dr. George is doing and has done. I do not want him to resign, and I do not know of any place where he can do so much good as where he now is." Dr. George was unanimously re-elected.

Dr. Sweet resigned as censor for his second year; accepted.

Dr. W. O. Forbes was elected for two years. Dr. Fisher nominated Dr. Downs, of Ottawa; elected for three years.

Session adjourned at 12:30.

The session on opthalmology, otology, rhinology and laryngology opened at 1:30. Dr. C. Joseph Swan, Chicago, chairman.

Dr. Stearns not being in the room, Dr. C. Gurnee Fellows presented his paper on "Clinical Experience with Adrenaline." Adrenaline constricts the blood vessels, producing anemia (?). Cocoaine in hemorrhage is a decided help in examining and treating acute cases, and helps to abort certain forms of inflammation. The most useful field is the nose, throat and the turbinated bones. Through its use operations are now conducted in a more or less bloodless manner; with proper precaution, secondary hemorrhage can be watched for and prevented, and also necrosis avoided; 1–1,000 adrenaline solution of chloride will stop the bleeding almost immediately.

Dr. George said that he had used adrenaline ever since it first came it out, when it was necessary to make fresh from the dessicated form when needed, on account of the degeneration being very odoriferous, but the active principle was there and the results were attained. It is one of the best known local vaso-motor constrictors for mucous surfaces. It is excellent for diagnosis and differentiation between hypertrophy and acute rhinitis. It constricts the capillaries and prevents hemorrhage, and by so doing enables us to operate within the nasal cavity without hemorrhage, or if hemorrhage takes place it is very slight.

In the majority of cases I have found danger of secondary hemorrhage, especially when the operation was upon the triangular cartilage of the nose where a capillary had been severed. I have also had

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several cases of secondary hemorrhage occur in the eye. In some cases it produced extreme neuralgia; in other cases it produced a hyperesthetic condition with violent sneezing as an aggravation. Cocaine is the best known local anesthetic; it acts but slightly upon inflamed mucous surfaces; the adrenaline first lessens the congestion, rendering the tissues anemic, thus producing almost perfect action of cocaine.

Dr. Swan stated that in operating upon a glaucomatous eye, the cocaine does not enter deeply, and does not enter the iris at all; and by using adrenaline solution, this anesthesia carries deeper. This is also useful in genito-urinary work. In using the adrenaline upon the nasal mucous membranes, a condition will sometimes supervene that is very much like hay fever instead of producing anesthesia.

In closing the discussion, Dr. Fellows said Armour & Co., of Chicago, were the first to introduce the use of adrenaline. An indiscriminate amount of the gland was taken, thrown into a beeker and covered with water and allowed to saturate. The percentage was anywhere from 5 to 50 per cent. The dried extract was often used on mucous membranes. These uses have almost entirely disappeared. It was discovered by a Japanese chemist who came to this country ten or fifteen years ago as envoy to the exposition in New Orleans. He has separated the active principle from the suprarenal gland and calls it adrenaline and chloride. This preparation 1-1000 strength is a commercial article at one dollar an ounce. It can be diluted anywhere from 5 to 10–1000 and any solution that will answer the purpose is the one to use. It is ordinarily, absolutely harmless.

Dr. Stearns presented his paper on "Infectious Tonsillitis." He called attention to germ conditions of the surrounding tissue often found in connection with affections of the tonsils. "Pus is rarely found by lancing the tonsil proper. Always decide from simple inspection just where to introduce the instrument. This is not an easy matter, and yet when the tumefied swelling extends upward, as it does in nearly all cases of a paratonsillar abcess, I make it a rule to introduce the instrument at a point ¼ inch above the arch of the pallate, and about half way between the median line of the pallate and the lateral wall of the pharynx. Lancing at this point fails to bring pus in an exceedingly small number of cases where pus is to be found at all.

Partial or entire extirpation of the tonsil is sometimes necessary to prevent recurrence, although internal and local treatment will often lead to a cure. Cervical lymphatics may be the seat of infection, and vary from large hypertrophied masses down to tuberculosis." To illustrate, the essayist cited the case of a boy twelve years of age, who was brought to him with enlarged glands of the neck. The mass was two

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inches long and over one-half inch in diameter, and as unresisting under pressure as a fibroid tumor. The swelling was anterior to the sterno-cleido-mastoid muscle. The case was referred to a general surgeon for examination; he at once suspected tubercular glands and advised local application of potassium of iodide syrup and tubercular remedies. Gradually the cervical glands became lessened in size for the time, but at the end of eighteen months they were much larger and the surgeon was very firm in his belief that they were tubercular and advised immediate removal. The parents objected to this, and consulted the late Dr. Fenger. He was also of the opinion that the case was tubercular, but favored the removal of the tonsils before resorting to external operation of the neck.

Through infection from the tonsils, the cervical glands often assume the appearance of tubercular glands. The boy was given the benefit of the doubt; a year ago the tonsils were removed and under the advice of Dr. Fenger at the time the iodide ointment was continued locally. At the end of six months the enlargements of the cervicals had subsided about one half, and now there is but a trace of the enlargement to be found under deep pressure with the finger. Slides of the tonsil were made under the microscope but no tubercular germ found in the slide. The patient suffered from a low grade of inflammation of the tonsil for several years, with frequent exacerbation.

Dr. Bell said the removal of the tonsils in three members of one family was followed by tuberculosis within nine months in each case. In each case no one of the patients had any temperature at all. Whether or not the operation had anything to do with the development of tuberculosis we do not know. Total extirpation of the tonsil is wrong. If the tonsil is fibrous we must take away the enlarged portion; and if it is soft, if you remove the cause the tonsils will come down of themselves. A physician in this town carried a temperature for many weeks, without any known cause. Finally one man found there was a little pus pocket in the tonsil; a minute amount of pus was in there, and the moment that was taken out the temperature became normal. That one point is worth the whole article.

The next paper was entitled "Treatment of Cataract" by Dr. Edgar J. George, of Chicago. The simple senile cataract is most frequent; it appears at fifty years or later, thus receiving its name; any constitutional or local condition may be the cause: amount of sugar in the urine; acute, general or hereditary nephritis, as well as dyspepsia.

They are progressive and irregular, both eyes being rarely affected at the same time, or to the same degree. The development varies in different cases. They are classi-

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fied as incipient, immature, mature, and hypermature.

Many charlatans claim, by glaring advertisements, to cure these cases and they frequently resort to atropine. This is dangerous, as persistent use of atropine is likely to cause glaucoma. Boracic acid solution with equal parts of glycerine and rose water is used as an injection, conjoined with manipulations. Each treatment lasts from four to six minutes daily, with twenty or thirty strokes per minute on the inner canthus outward over the lower lid. The lens receives nourishment by osmosis and by absorption from the cornea; the lens can also be nourished artificially. In addition to this treatment the writer recommended the use of the Homeopathic remedy internally. Proper glasses should be prescribed; the patient should be properly cared for and nourished.

Dr. W. C. Converse, in his paper on "Non-Operative Treatment of Mastoiditis," cited the case of Charles G., aged 3½ years. When brought to the clinic he lay in a stupor; temperature 104.6 per rectum: previous purulent discharge from the left ear; ear stood at right angles to the head; pressure upon mastoid caused the child to scream. He advised immediate operation, but the mother of the child would not consent. She took him to the Illinois Eye and Ear Infirmary and they wanted to operate. The essayist was called to the child's home, leeches were applied in front of the tragus and in front of the mastoid, and gave with difficulty one tablespoonful of castor oil, and applied the bag over the mastoid. Next day the temperature was 101; at the end of 48 hours temperature dropped to 99. The ice bag was on 72 hours. Remedies given were Aconite and Hepar Sulphur.

One week later, at the next clinic the child was able to walk in.

The child had treatment for one month for the virulent discharge. This was four years ago next September, during which time other members of the family were in the physicians care but there has been no return of pain or discharge. The essayist, in one month, witnessed 23 operations, in only three of which was pus found in the mastoid cells. In the discussion, Dr. George states that he had operated on five cases of acute mastoiditis this year, and in all but one he found pus in the mastoid cells.

Dr. Joseph C. Swan presented his paper, entitled: "Ill effects of too early use of the eyes for reading." In England, children are not allowed to work in factories until eleven years of age. The eyes should not be used without equal mental activity. In the rich and in the poor we often have the opposite activity with the same result. This is the chief cause where precocious children up to a certain time carry off every thing before them and so often stop short and disappoint the high hopes of their parents. But these results are perhaps less disastrous than the results upon the

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health. Teachers study the forcing of young minds as horticulturists study the forcing of plants, and mothers study the literature on feeding, and the product often is a little old man or woman of six, with shrunken features.

In Chicago, the average at which children learn to read is six years; many learn at four or five. The tax upon the eyes is very great; they, like the remainder of the body, are undeveloped, and the effort of fixing the eye near at hand is much greater than later in life. A child does not read as an adult does. An adult glances at a word, a line, or a sentence at a time, and comprehends the meaning from the general arrangement; while the child, in order to comprehend the general sentence, must study each letter of each word. At the age of six, all the energy of the body ought to be used for building up.

Dr. Julia Holmes Smith expressed the belief that the profession has now put itself on record against the overstraining of the children. There may be geniuses who have learned to read at three or four, but those are the exception and not the rule.

The session on Obstetrics convened at 3:30 p. m., Dr. H. M. Bascom of Ottawa, presiding.

Dr. Mary E. Hanks, of Chicago, presented "The Significance of the Foetal Heart Sounds" in a most comprehensive manner. Under favorable conditions, the experienced listener who has acute hearing, can detect both the first and second sounds of the foetal heart. Generally, however, but one is heard, and, contrary to the adult, the second sound is more audible, not only through the foetal period, but sometimes in very early infancy; and it is not until the child is one or one and one-half years old that the first sound assumes the characteristic beat of the adult. So the tic-tic of the valves is the sound generally heard, and the three most important features are frequency, intensity, and rythm.

The foetal heart sounds are the first and the only certain signs of pregnancy, appearing between the sixteenth and eighteenth weeks. They are generally heard first in the median line, a few centimeters above the pubes. The life of the foetus is positively ascertained by the presence of the heart sounds; quickening and all other sounds appearing early are more or less erring. The value of the foetal heart sounds in diagnosis every physician knows. Remembering the heart is in the extremity and at the back is the point of greatest clearness, a positive diagnosis may often be made without other information except that gained by oscultation and percussion of the maternal abdomen.

While a diagnosis of sex in utero is not important, it is interesting, and sometimes more or less gratifying. The male pulse-rate is generally from ten to fifteen less per minute than that of the female, and this feature is constant, regardless of the size and condition of the children.

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In thirty consecutive cases, the eight largest girls averaged a pulse-rate of 150; while the eight smallest girls averaged a pulse-rate of 143. The eight largest boys averaged 143, the same as the smallest girls; while the three smallest boys averaged 127. The slowing of the foetal heart is always the first and often the only sign of asphyxiation in the unborn.

Dr. C. E. Colwell of Aurora read an interesting paper on "Chloroform in Labor." The credit of first producing anesthesia is due to an American, Dr. Gordon, of Boston who, on October 17th, 1846, put a woman to sleep with ether, during which time she underwent a severe operation. Imagine, if you can, the thoughts and emotions of those physicians and students who had been used to hear the cries and groans of the patient. In January, 1847, Dr. Simpson, of Edinburg, administered ether to a woman in labor. Shortly after, a London chemist suggested the use of chloroform as a general anesthetic; and in November of the same year Dr. Simpson published his success with chloroform.

The use of these twin blessings rapidly increased, so that in years past what surgeon would deny the use of chloroform for his patient, except for varied reasons: In the ordinary severe labor, as soon as the first stage is past, when the cervix has dilated and the second stage has set in, begin to give a little chloroform to take the edge off the pains; this gives a few moments rest or sleep between pains, and this rest helps wonderfully. Again resort to chloroform as the head begins to bulge and tends to rush the head, call the patient to breath deeply. As soon as the head has escaped, stop the chloroform. If there are indications of prolapse, have the patient breath deeply in order that she may more quickly be able to force the delivery of the rest of the child. As soon as the child is born, unless it needs immediate attention, examine the soft vulvular parts for laceration. If there be any needing repair, after removing the placenta, instruct the attendants to give chloroform, prepare instruments, and make necessary preparations to put in the stitches immediately.

Dr. Wm. Patton, of Marseilles, not being present, his paper was read by title and referred for publication.

The next paper was read by Dr. Sheldon Leavitt, of Chicago, "The Mental Control of Women in Labor," who said: "There are few periods in a woman's life when she is less amenable to control than during parturition. Do you ask why? Because she is under the power of so great destruction. That is hardly true, you may respond. It is a period of great mental concentration, all the thought being fixed upon the agony which casts her literally into a sea of anguish. The mind is intent on the painful phenomena of the parturient act, to the point of observation, but it is not

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thus centered on the means of extrication. The surges of pain, with the force thereby aroused, distract by the very terror they awaken, for the time being, and the woman is absorbed.

Now, in the face of all this, I want to add that there is no period in a woman's experience when the whole mental energy can be so easily brought under the power of suggestion. The mental faculties are in a state of disorder, and the position of the accoucher is that of a guide, to conduct her to a quiet harbor. The difficulties of the situation are greatly augmented by the presence of friends or relatives who are often as hypermedical as they are hyperesthetic. Safely to bring in both these passengers, under existing conditions, is no easy task.

And first of all, let me abruptly say that no man is qualified to act the part of guide to a distracted and capricious woman in labor, who has not first brought himself under good discipline. He who would radiate the composure of his own position must feel the soothing power of it in his own soul. We readily communicate our mental states to those whom we take in hand. An agitated attendant at such times can add no confidence to the occasion. It is only the self-composed who can confidently arise and say: "Peace, be still." It is well to understand the art of success, and the facts here given are applicable not only to women in labor but to the achievement of any undertaking wherein success is dependent on acquiring a control of others.

Discussions were by Dr. C. B. Kinyon, of Ann Arbor, C. A. Weirick, Chicago, H. M. Bascom Ottawa, C. E. Colwell, Aurora, and Dr. Clarke.

The paper entitled "Post-partum hemorrhages," by Dr. G. F. Coutant, of LaSalle, was read by title. Dr. C. A. Weirick, of Chicago, read his paper on "Post-partum Hemorrhage." The essayist regretted the absence of Dr. Coutant, whose paper he intended to supplement by his own and therefore made no effort to write a complete paper.

Post-Partum Hemorrhages, by Dr. C. A. Weirick, of Chicago, was a very instructive paper, two points being brought out very clearly in the question of diagnosis. In defining this, Dr. Weirick said: "The flow of blood from the reproductive organs is abnormal, following labor, when the quantity of fluid escaping is sufficient to produce exhaustion." This definition classes this condition so that the quantity may be greater in one than in another case and still should not be considered abnormal; the amount may vary in same patient at different times.

Among the causes he mentioned first, the patient's condition; 2d, the management of the third stage, and, 3d, the unavoidable accidents. Among the first were inertia of the uterus, and violent contractions and impaired health; among the second was the hurry of expelling the

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placenta by aiding the uterus in contracting instead of giving the patient a little time to rest, and another was the lack of emptying the womb of all the secundines. The third were those arising from lacerations and obstructed flow from vagina.

The treatment recommended was first, empty uterus, excite contraction, and thus prevent formation of clots. Anemic patients; correct diet, aid nutrition, gives tones, prevents inertia. The essayist had not found cold water useful in hemorrhage from any cause, but rather thought it harmful, in all cases. Heat and not cold should be used.

Dr. Weirick deprecated the twisting of the membranes, a custom followed by many physicians, after the placenta has passed the vulva, "a piece of membrane is torn off and left in the uterus, this part is much more difficult to remove than before its separation from the main portion. A far superior procedure is to press the uterus down with one hand on the abdomen, two fingers of the other hand inserted into vagina, guided by the membrane, follow it to the end and remove membrane and clot as they are withdrawn. The advantage is that it never fails but also that all clots are removed and hence less danger of excessive flow of blood."

Among the reflex aids is the old, well-known one of putting the child to the breast; Dr. Thomasson claims the most potent means is the injection of warm water into the pudenda, usually just above the clitoris. This assertion being based upon a satisfactory experience with fifteen cases; Dr. E. H. Pratt advises the use of hot water on the external genitalia.

The essayist mentioned three remedies: ergot, trillium and cimcifuga, the first hypodermically, the second in ten-drop doses of the tincture, and the last to control the violent, irregular contractions.

Dr. Weirick had seen but one case of secondary hemorrhage in his practice. This occurred one week after the birth of child and was controlled by ergot and trillium.

In discussion, Dr. Amanda Decker cited a case in which she controlled the post-partum hemorrhage by alternate pressure upon the clitoris a feature which is very successfully used by the osteopaths. Dr. McNeff told of a case in which she controlled the hemorrhage by passing her hand up the vagina, inserting the whole forearm, and by grasping and releasing the uterus, produced artificial contractions, which were effective with the aid of ice which was passed up her arm and into her hand, by an attendant.

Dr. H. M. Bascom, chairman of the Bureau of Obstetrics, presented his paper on "Albuminuria of Pregnancy." "If Albuminuria occur during pregnancy, look for casts and other evidence of renal disease. Mere albumin alone, without other signs of kidney disease, is not alarming. Eclampsia is often

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accompanied by inflammation of the substance of the kidney." Reference is made to Clifford Mitchell's "Guide to Urinalysis." p. 132. The essayist announced the above as his text, and after paying high tribute to the writer and his knowledge of urinalysis and diseases of the kidney, begged to differ from his statement that albuminuria and casts are always associated in pregnancy.

The essayist gave a record of ten cases of pregnancy, most occurring during the last few weeks and one quite early—in the latter case the presence of albuminuria was taken as the diagnostic sign of pregnancy. "In none of these cases were there any casts; nine had eclampsia; seven were fatal; one died in eclampsia; so only two are living today, and my experience has not been different from the majority of physicians who have carefully watched such cases. In discussion, the concensus of opinion was to empty the uterus and then relieve the kidneys, thus saving the life of the mother.

Dr. Pratt called attention to the banquet to be given at the Auditorium in the evening, which is the usual courtesy of the Chicago members to the visiting members, and is the means of the members coming a little closer to one another in a personal, social way.

May 15th, 1902.

The meeting was called to order by President Pratt at 10 a. m., and the report of the Committee on President's Address was asked for. Dr. C. H. Evans, chairman, made the report, in which he stated that the committee agreed with the suggestions of the president in the first part of the address and commended it for the scientific reasons therein expressed. In reference to the use of palliatives the committee doubted the wisdom of such a use of medicine when giving the indicated remedy as it was a fact that it might be the said use would interfere with the action of the remedy.

The President said that one thing had been left which might be added as a reason for the use of palliatives and that was such means appealed to the conscious man and this being favorable might aid in securing good results in a given case. In referring to the creation of bureaus that would take in osteopathy and manual therapeutics as a means of cure, of course this could be met by the incoming president, Dr. Blackman, securing contributions along that line for the bureau of clinical medicine. He felt that what was done would be done for the credit of homeopathy and could be accomplished by the same enthusiasm that had made such a meeting as the one we are now enjoying possible.

Dr. Duncan moved the adoption of report of the committee which on being seconded was carried.

Dr. George moved the committee be discharged. Carried.

The President, Dr. Pratt:—A special committee to report upon Dr. Leach's ideas concerning arsenization as a means of preventing yel-

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low fever appointed last year, is to make their report at this time. The committee consists of Drs. King, Merrill and Hill.

None of the committee being present no report was made.

Dr. Sweet of the board of censors read the names of five applicants, who upon motion by Dr. Duncan, duly seconded, were elected members.

The President: I noticed in this morning's paper that Dr. William Tod Helmuth, of New York, died of angina pectoris last night. I think the society should appoint a committee to draft suitable resolutions upon his death.

Dr. Wilson A. Smith moved that the president, Dr. Pratt, be made chairman of the committee, which was carried. Dr. Pratt selected as the other member of the committee Drs. Smith and Duncan.

Dr. E. C. Sweet reported concerning his experience in collecting the back dues.

Dr. A. L. Blackwood, chairman of the Bureau of Materia Medica, then took charge of the meeting and presented the following program:

Remedies that Produce Redness of the Patient or Part,—Dr. C. H. Evans, Chicago.

Remedies that Produce Paleness of the Patient or Part,—Dr. Frederica R. Baker, Chicago.

Remedies that Produce Yellowness of the Patient or Part,—Dr. Wilson A. Smith, Morgan Park.

Remedies that Produce Coldness of the Patient or Part,—Dr. Clara A. Hendy, Oak Park, Ill.

(Owing to the absence of Dr. Hendy, the paper was read by title.)

Remedies that Produce Blueness of the Patient or Part,—Dr. A. L. Blackwood, Chicago.

Scientific versus Theoretic Medicine,—Dr. J. R. Price, Chicago.

By mutual agreement, discussion of the papers was deferred until after they had all been presented.

Dr. Price said: We must have a basis of Homeopathy on which we can rest, never to be overthrown. That I will give you. You never need to fear all the allopaths and eclectics in the world, when you have the basis by which Homeopathy cannot be overturned. It is this law:

A law found operative in any one domain of the universe will be found operative in every other domain, without any exception. For illustration—we discovered that a life emanates from an ovum; an egg hatches out. We conclude by the law that I have just stated that all life emanates from the ovum. Throughout the universe you will find there is no exception to that law. Whatsoever you find active in one domain you will find active in all other domains.

If you find that ipecac will produce emesis in large doses, if you find a point wherein the dimensions of ipecac disappear and its energy or dynamic force begins, you will find it has a tendency to check emesis. If that is true with

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that one plant, and it can be proven to be true with that one remedy, you may consider it is true with all other remedies, whether they are vegetable, animal, or mineral, and there is no exception. When you have that basis you can knock down any one that comes up with any other article. There is no reason why the Homeopathic school should not predominate, and we know the time is coming when it will.

Science is knowledge based on a proven premise. Theory is belief resting on an unproven premise. Belief is unnecessary when knowledge is attained. Homeopaths need not fear to stand by their clan, for they have an impregnable armour in a principle that is eternal. We ignite a match. It looses its three dimensions; its dynamic force is brought forward; light, heat, electricity and magnetism are the results. The same principle holds true in the dissolution of the seven noble metals. Each produces a different quality of electricity. No two electricities in the world are alike. No two will have the same effect in the system; therefore it would be dangerous for a person to use zinc electricity in every case, when aurum electricity would be better in some cases. In the proving of aurum you will find the external symptoms are pain pressing inward. There is no exception. It will be easy studying materia medicia in that way. Man in all his composite phases has to comprehend the macrocosm of the microcosm, and whatsoever law we find in the macrocosm will also be found in the microcosm.

Dr. Blackwood stated his idea in bringing this subject before the bureau was that sometimes we think our Homeopathic remedies are all right, but when we have something untested (?) about our patients we want to resort to surgery. Some remedies produce a pathological condition in the form of cancer or tumor. You first have a deranged vitality. Possibly the patient is not aware of it wholly in the subconscious self. Following the deranged vitality is the deranged function of that part and the moment there is deranged function of a part there is established a pathologic condition. The profession realizes the fact that it is back in the vitality of the individual that we must get our remedies, and that moment we get at the bottom of the whole thing. We have remedies producing redness, paleness, yellowness. But that is not sufficient. We must get back of the whole thing, to the deranged vitality, which produced the deranged function, which in turn produced the jaundice.

The discussion was closed by Dr. Aurand, who pleaded for less statement of scientific facts, but the methodical arrangement and classification of the scientific facts so that they are readily obtainable by others.

The Bureau on Pediatrics convened at 11:30 a. m., Harvey Far-

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rington, M. D., of Chicago, in the chair. Dr. Fruit presented a well written paper on the second summer in childhood. The essayist claimed the dangers of this period are due more to the change in the diet and nutrition and the consequent demand upon the digestive system, than to the effects of dentition per se, as is so popularly claimed. The healthy child should be fed not oftener than once every three hours; cow's milk should be neutralized with lime water, to meet the alkaline condition of the stomach, and plenty of water and liquid food should be given, in addition to outdoor life and exercise. The views of the essayist were ably seconded by the discussion of Dr. Cobb.

Dr. Anna Doyen, of Chicago, in a paper entitled "School Children Limited Mentally by Eye Strain," gave a number of vivid word pictures of little ones burdened mentally beyond their physical ability to bear, the consequent nervous strain upon the child's system, and solicitude of parents to modify the conditions so that their "darling" shall be the bright, happy, joyful child nature designed it to be.

"The Significance of Facial Expression in Sick Children," a very complete paper by Dr. Joseph Cobb, of Chicago. Facial expression has been commented upon by writers in all ages, from the days of Aristotle to the present time. Certain classified types of expression received names which are continually recurring in medical literature even today. The Hippocratic countenance, that sunken appearance which was considered a rapid approach of dissolution. The flushed, hot, anxious expression in connection with cardiac lesion. The hepatic, sallow, yellowish appearance of the face in connection with diseases of the liver.

In the study of remedies and provings, Hahnemann also noted and described facial expression. This habit has been followed by Homeopaths generally and we have facial expression quoted persistently and they have become as classified with use as the old established terms are indicative of diseased conditions. It is not wise to make a hasty diagnosis of facial expression alone, nor is it necessary or wise to select a remedy on one symptom alone. The face, however, usually first engages our attention and for the close observer often displays valuable indications. A study of the expression will repay. It may recall attention to something which might have been overlooked; it will help in differential diagnosis, and will teach why certain expressions are indicative of certain remedies.

Owing to the absence of Dr. T. G. Roberts, his paper entitled "The Mercuries in Diphtheria" was read by title.

Dr. Tooker presented a volunteer paper on "Gastritis in Infancy and Childhood." The doctor referred to the excessive use of cane sugar as a sweetener of baby food. As a carbohydrate it performs special functions in heat production and

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energy making, and we cannot dispense with it in infancy or old age. Nevertheless, nature everywhere and always has limitations. In general, food for the infant may be classified as follows: 1st: Human milk is the only ideal food for the infant under six months of age. 2d: Cow's milk must be modified by sufficient sugar to make it similar to human milk. 3d: We can only approximate a perfect counterpart of human milk. 4th: In using cow's milk, the fresher it is, the better. Even fresh milk is not of the nature intended for the nursing baby. 5th: All commercial foods are alien and unnatural foods. Mellin's food is the only ideal food for the average baby, when properly used. It must be used with intelligence to be successful. Adding cane sugar is productive of disastrous results and in all cases where its use has been unsuccessful, in the experience of the essayist, cane sugar had been added.

The session of the Bureau on Pediatrics closed with the paper of Dr. Harvey Farrington on "Important Remedies in Marasmus." A condition resulting from food of poor quality, insufficient food, or improper food, is not strictly speaking true marasmus, although it may lead up to it and be an exciting cause. Marasmus is due to imperfect assimilation; hence to a functional disorder of the digestive tract, and to a functional disorder which no amount of feeding will rectify. The tissues are starved, though the stomach is filled regularly. Here it is that the homeopathic remedy comes in to assist nature in removing the disorder, and to obviate, to a great extent, change in diet and search for new food. The symptoms are emaciation, ravenous appetite, offensive odor of secretion; the food being but partially digested, ferments, causing colic, vomiting, diarrhea. Indications for the polychrests are well known, and brief reference was made to them.

During the afternoon session the committee on resolutions on the death of William Tod Helmuth presented the following, which were adopted by a rising vote:

Resolutions upon the death of William Tod Helmuth, by the Illinois State Homeopathic Medical Association in its forty-seventh annual session in Chicago, May 15th, 1902:

WHEREAS, the hand of death has taken from among us our dearly loved brother in homoepathy, and our warm-hearted and true friend, Dr. William Tod Helmuth of New York City, therefore be it

Resolved, by the Illinois Homeopathic Medical Association that in the taking away of Dr. Helmuth we are made painfully aware that the entire medical profession has sustained an irreparable loss. He was a great doctor, a great author, a great surgeon, a great teacher, a great writer, a great orator, a great poet, a great homoepath, a great man. The lofty ideals he has furnished us in all these characteristic accomplishments are our inheritance

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and our consolation. They can never die and for that we are truly grateful. We listened to him, we learned from him, we respected him, we loved him, we shall miss him, we shall remember him.

Resolved, that we extend to his family, his college, his city, his state, and his school of medicine our heartfelt sympathy, and that we feel that steps should be immediately taken to do all that lies in our power to commemorate his memory, that the rich legacy of ideals which he has passed down to us may be specialized in material shape for the benefit of those who will pass on after we have closed our earthly career.

Resolved, that a copy of these resolutions be sent to the bereaved family, to the New York Homeopathic College, to the New York State Homeopathic Association, and to the American Institute of Homeopathy, and be preserved in the archives of the Society.

Respectfully submitted.

E. H. PRATT,
WILSON A. SMITH,
T. C. DUNCAN,
Committee.

A telegram of condolence was sent to the family.

"It is a privilege to have lived in the same age with him."

E. H. PRATT.

The Bureau of Neurology, Psychology and Electrology convened at 1:30 p. m., Dr. C. T. Hood, Chicago, presiding. The subject of "Anemic and Congestive Headaches" was fully presented by Dr. Hood. The use of combination tablets was greatly deplored. Many deaths during the past year are due directly to the use of some form of coal tar derivatives. Some of these preparations contain from four to fifteen grains to the dose. The sale of one form of headache powder netted a well-known drug firm over $60,000, in one year. It is estimated that there are not to exceed fifty to one hundred drug stores in the United States that do not put up some kind of cure for headache. A conservative estimate of the amount of money expended by the public for headache cures, during this year, is one-half million dollars or more.

In discussing the cure for these headaches, Dr. Delamater said: We not only claim to have, but we do have a scientific law of prescribing. We all admit that that law is not universally applied, but when it comes to prescribing for this class of cases, functional disturbances of various kinds as well as for the very large number of organic disturbances, there is no limitation to the application of this law of cure as we promulgate it. If the homeopathic physicians throughout the country will study materia medica carefully, they will be able not only to stop this want of confidence in the doctor as to the cure of headache, but they will be able to reduce very materially the incomes of those men who are selling headache powders; and will even, without legislation, shut off almost entirely the sale of those nostrums. Dr. McIn-

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tyre supported the views of the essayist and Dr. Delamater.

"Migraine" was the subject of Dr. Delamater's paper. This is characterized by nervous disturbance, occurring in paroxysms at more or less irregular intervals and of varying duration. The chief disturbance is headaches: they are usually unilateral, but not always, and frequently accompanied by nausea, vomiting, mental depression, vaso-motor disturbances vertigo, and rarely by occular paralysis. Hemi-crania, migraine, sick headache, billious headache are more frequent in women than in men and may begin at almost any age, even at two years, and may continue, at more or less regular intervals, for any number of years, and disappear. It is always the result of neural discrasia; that is, the patient is born with special predisposition to nerve trouble. In the treatment of migrain, Dr. Delamater has had the most prompt and permanent results by using Sepia from the 30th to the 200th potency.

The subject of "Neuralgic Headaches" was ably presented by Dr. Halbert.

The management of these headaches is most discouraging to patient and physician. Surgical proceedure has often resorted to, but cure is rarely affected except through the removal of the exciting cause. Belladonna third to sixth potency has been very valuable in the congestive conditions, Glonoine relieves in tributary congestion. Hyocyamous relieves the muscular activity but does not cover the neuralgic feature. The cure must come from the indicated and internal remedy. In the discussion, Dr. Blood suggested silicea and magnesia phos.

"Ocular Headaches" was the title of a very complete paper by Dr. Edgar J. George. The essayist dwelt upon the importance of curing errors of reflection as well as those of the ocular muscle. Patients can become neuralgiac from continued eye strain, physical debility, or mental strain. Headaches may appear in early childhood, when first entering upon school work, or may not be present until later in life. It is the duty of the oculist to watch and care for the patient's glasses and not trust that to the hands of a careless optician. Oculists have been credited with doing poor work when the fault was with the properly (?) adjusted glasses. It is the little things that require most careful consideration.

Dr. E. Stillman Bailey presented the subject of "Pelvic Reflex Headaches." He divided the subject into general heads as follows: Pelvic reflex headaches due to errors in nutrition, due errors in the circulatory system; those due to purely neurotic origin. Briefly, in the first division, women are stronger than men in nutritive powers, and respond quicker to all nutritive processes. The generative tract in the pelvic and the nutritive system in the abdomen are so

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intimately controlled by the sympathetic system that it is easy to associate stomach disorder, uterine trouble, and reflex headache.

Under the second head, disturbance in the circulation often causes terrific headache. A lady forty years of age, has always been perfectly well, but for one or two hours each month she had a terrific headache; with the advent of the headache there was profuse nose bleed which lasted but a few moments. This nose bleed was always the forerunnner of the menstruation, which appeared within twelve hours. Her headache evidently was of the reflex character, due to the normal function, and prior to the establishment of the menstrual cycle. Under the third head, reference was made to the fact that in the larger insane asylums, in the female wards numerous cases have been selected for medical and surgical treatment after watching the influence that menstruation has upon the head symptoms, and in those asylums it has been happily recognized that it is possible to cure those cases by the same methods that would be suggested and recommended to people outside of the asylum. In other words, insanity is studied as a disease, and not acted upon as a crime.

In the discussion the fact was brought out that since these headaches are due to circulatory disturbances, if you can once appreciate the fact that all these insanities are simply hyperemic or anemic states of the various nerve centers, that the emotional center in one locality is hyperemic, and the controlling center in another anemic, then the whole subject of pelvic reflexes or other reflexes that produce insanity is comparatively easily understood.

Dr. W. M. Stearns presented his paper on "Catarrhal Headaches." Few cases require surgical interference. Many more yield to local and internal medication. Local remedies should be used to reduce congestion of the turbinated bones, especially the middle and superior. The essayist has cured many and relieved a number of cases by internal medication which acts upon the vaso-motor nerve, thus relieving the basilar congestion in the nose. Remedies used are gels., nux v., strychnine and bell,; sometimes hepar sulphur, silicea or hydrastis, by their effect upon the system and general membrane, are of value.

Dr. Delamater's paper on "Nerve Vibration" closed the session.

The doctor uses this method of treatment with patients that do not ordinarily respond to any known line of treatment and in cases where it is impossible so get results from other means. Locomotor ataxia of from five to ten years standing, has been successfully treated also cases of persistent neuralgia. The treatment lasts from three-fourths to one hour daily.

Dr. Pratt thanked the Cook County members of the association for their support in tendering the

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banquet to the visiting members and to the President of the American Institute of Homoepathy, Dr. J. C. Wood, of Cleveland.

Dr. Storer, treasurer, submitted his report, as follows:

Received		$226 00
Paid out for flowers, cigars, at Auditorium	$50 20	
Paid Auditorium	149 50	
		199 70
Balance on hand		$26 30
Balance from last year		21 45
		$47 75

On motion the matter of the entertainment for next year was left with the entertainment committee, with request that they act in conjunction with the executive committee.

The Bureau of Surgery convened at 3:30 p. m. Dr. W. S. Harvey having been called out of the city, Dr. H. R. Chislett was called upon to preside.

Dr. E. P. Banning opened the meeting with a very scholarly paper entitled "Spinal Fallacies." The alarming increase of spinal derangements, especially those known as spinal deflections, with the almost negative and too frequently worse than negative results obtained through accepted methods of treatment, should challenge not only the interest but the very best thought of the medical profession at large. Every practitioner who has had occasion to refer such cases to specialists, the surgical instrument maker, or the orthopedic sanitarium man, will fall in sympathy with Dr. Bell, who says: "Take most any case of spinal difficulty, look at the record of its treatment and you will find it a record of ignorance, torture, extortion and failure every time; and the worst of all this is that we are unable to tell what there was lacking to make the treatment a successful one." It seems, as far as we can observe, to have been carried out on the line of one or more of accepted theories and methods, even to the exhorbitant fee charged.

The next paper read was entitled "Acute Infectious Osteo-Myelitis," by Dr. Chislett. The essayist described several cases which had been diagnosed as rheumatism and treated accordingly, until some *real* Homeopathic doctor saw the cases and directed them for proper treatment. Dr. Chislett presented a little patient, and her history as follows: Three years ago she swallowed a shoe button; sudden inspiration drew it into the larynx and trachea; it passed into the lower lobe of the left lung, lodging as near as can be estimated, one inch from the median line, two inches from the posterior border of the lung at the level of the seventh rib, a trifle external to its angle, as shown by two diagrams. The operation was performed several weeks ago, patient lying on her left side; oblique incision was made in the left scapular space. The button was removed, and the child made uninterrupted recovery. One veinous injection of salt solution was given during the first twenty-four hours, the indica-

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tions being too small quantity of urine, and feeble, rapid pulse.

Dr. John C. McPherson, Chicago, presented a very complete paper on "The Fallopian Tubes and Their Relation to Surgical Diseases of the Pelvic Organs." This condition has received little attention until about fifteen years ago, when physicans first began to open the abdominal cavity to treat such conditions. Until then, with most inflammatory diseases, the result was left entirely with nature, and with such crude interference, medical treatment, and local applications as were supposed to be beneficial. If there were growths, the patient usually dragged out a miserable existence. In the deformity of the organs of the pelvis, the fallopian tubes bear their proportion. There may be absence of the uterus with absence of the tubes. There may be absence of one or the other, or both tubes may be closed. One may be dilated and the other correspondingly enlarged. The ovary does not lie above the fimbriated end, as the casual observer might conclude, and the ovum does not fall into the extremity; but the ovary is below and behind the funnel-shaped end of the tube, and lies one inch nearer the uterus than the extremity. Any little obstruction might interfere with the migration of the ovum, thus interfering with the normal function, and at the same time become the source of some of the most serious surgical diseases we are called upon to demonstrate.

"The treatment of Cancer viewed from Recent Agitations and Experiments" was very thoroughly presented by Dr. C. E. Fisher, Chicago. Cancer is the most deadly and most common of malignant diseases. In some countries one death out of every seven is from tuberculosis. In Latin countries the proportion is higher, being one out of every five. In England and Germany, out of every one thousand men who died above the age of 35, fourteen are due to cancer. Out of every one thousand above that age, nine are sacrificed to cancer. In the British Isles, during the decade ending with the year 1890, the rate was seven out of every thousand; during the next ten years this is welled to 9 1–2.

In our own country startling facts confront us, as revealed by statistics of the following of our large cities: St. Louis in 31 years has increased from 13% to 47%; Philadelphia in 37 years from 31% to 57%; Baltimore in 28 years from 17½% to 61%; New Orleans from 17% to 64%; Boston in 35 years from 28% to 76%; San Francisco in 32 years has increased from 16½ out of every 1,000 population to 103. According to the last census in the United States cancer kills nearly twice as many as diphtheria, and nearly twice as many as typhoid. It stands second in the United States in the list of death-dealing illnesses, the fourth being listed as tuberculosis. It is second in Great Britain and Germany.

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In treatment, the main question is what will the X-Ray do for cancer? The testimony gatheres is the result of a large number of inquiries, and wherever practical it has been sustained by secondary inquiry, the object being to make it as reliable as possible.

E. S. Bailey, M. D., Chicago: One case relieved from pain; probably did not hasten the final termination. In three other cases the results were negative.

Dr. M., of Albany. Two cases greatly improved; in a third the swelling was reduced to the size of a silver dollar. Treatments lasted from five to fifteen minutes, daily for fifteen days.

J. M. Lee, M. D., Rochester, N. Y., no personal experience but have seen good results at the hands of others.

H. Chandler, M. D., Baltimore: "I have been using the X-Ray since my return from Europe in 1900. Certain forms of sarcoma and carcinoma are under treatment and apparently improving, but am not ready to give a positive opinion."

Dr. Agnew, of New York, cited four cases:

1. Carcinoma of stomach and rectum, unoperable, died; 5-min. treatment.

2. Apparently better during exposure.

3. After three months X-Ray treatment, breast unimproved.

4. Cancer relieved by treatment.

Claims of cure are premature and unscientific. The X-Ray treatment is purely local and not constitutional.

Dr. Wm. R. Duquesne, N. Y.: In regard to electricity I am entirely at sea. I do not know what to believe. My experience has been so unsatisfactory that I am at present unable to say anything definite. Although I have had some experience in cancer I am not ready to speak on the subject.

Dr. McClelland, of Pittsburg: Have a good cancer machine and experienced operator, but no favorable results as yet; only epithelium checked inside. Lupus and ulcer benefited some, but still under treatment.

Dr. Wood, of Cleveland: No experience with the X-Ray. Nothing is of the slightest value with treatment of cancer except the earliest use of the knife. Constitutional treatment has been curative in years past, and while some claim too much for it, on the other hand some discredit testimony which, while not meeting all the demands of science, is worthy of consideration. Those pursuing investigations along this line should exhibit a sound conservatism until they have fully demonstrated its value.

The paper drew forth animated and prolonged discussions. Prof. Shears said: I think I am correct in saying there is no positive evidence whatever, that there is no micro-organism productive of cancer. Some of us hope, and some of us believe that it will be found; but up to the present time it

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has not been found. I believe that all indications are still negative. The X-Ray has not been used as a method of treatment for more than a year, and there is no proof that operative treatment has been of service for at least three years. I remove a cancer and I do not say it is cured, I do not think it is cured, or claim it is cured until at least three years have elapsed. I remember very well a case of cancer treated by the X-Ray in which the testimony was absolute and positive that the patient had been cured. This patient died. About 50 per cent of cancer cases are cured by prime removal; therefore we cannot let that go until we have demonstrated that there is something better.

In conclusion, Dr. Fisher gave the International Journal of Surgery as his authority for tracing cancer to micro-organisms. In nearly three-fourths of the cases examined within recent months, the protozoa (?) is found in cancer, it produces in animals a counterpart of cancer, not only microscopically, but histologically and pathologically. Of course, my observations could not extend over so wide a range, and I have to take their word for it. I do not belive I suggested gonorrhea, syphillis, etc., but said that a patient who could trace back these things was a fit subject for cancer, and that here was a preceding cause.

Dr. C. E. Kahlke presented some very interesting "Clinical Cases." Master McB., dognose, presented median split, of congenital origin, due to incomplete development. The split extended to the upper lip; the nose was rather broad at the base; the median furrow was of a width and breadth sufficient to receive the small finger. The treatment consisted of subcutaneous injection of parafine in a melted condition. This fills up the subcutaneous spaces, lifting the skin, and does away with the deformity in about two months, without resulting scar. The melting point of parafine in commerce is 110 degrees F.; therefore vasaline, which has a melting point below the body temperature, is mixed with the parafine in proportion to bring the melting point to 99 degrees. This injected into the tissues remains quite firm yet is not hard enough to act as a foreign body.

Many points need to be observed in the treatment. The syringe must be filled and kept at a proper temperature to prevent the parafine mixture from becoming too hard to pass through the tube. As a rule but one puncture is necessary. Insertion is at the tip of the nose, and may have to be repeated as the tension is too great at one time. Injection is in the subcutaneous tissue instead of into the skin itself. If necessary to repeat, the next time may be in ten days or two weeks. What is going to happen if the patient develops high temperature, or will the nose flatten out in warm weather, or will it smooth out later? No, it will not. The best results

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are attained with the use of this preparation, and it is better than the ordinary material such as as rubber, bone, metal, etc. This treatment may be used with many patients. It may take the place of a testicle after removal; after incision of jaw, etc.

The session closed with a paper by Dr. E. E. Vaughan, Chicago, on "Surgical Diseases of the Urethra in Men." Abnormal narrowing of the urethral canal may be divided into two general divisions, spasmotic and organic. Spasmotic stricture is applied to the spasmotic condition of the para-urethral muscles; organic stricture is due to a pathologic active growth in the sub-mucous and para-urethral tissues. The disease is met with most frequently between the ages of 21 and 45. Two direct causes are responsible for nine-tenths of these cases: The development of specific diseases, and astringent injections through quack druggists, or efforts of patient or physician to produce an abnormally rapid recovery. "I beg you, in the name of common sense, the namesake of your patient, your own reputation, and the reputation of homeopathy, to stick to the remedy."

The meeting which adjourned *sine die* on Thursday was the most successful meeting in all ways ever held by the profession in this state.

Correspondence.

To the Editor:—The Institute Committee on revision of the by-laws have, as per instructions, prepared a schedule which will be found in the Secretary's annual circular.

As space here would not permit of a thorough explanation of the plan proposed we desire to present the same to the profession through the Journals, that all members may study and understand the plan before the meeting.

1st. The schedule has been arranged so that all meetings may be held within the week.

2d. It has provided seven hours for the general business of the Institute—ample time.

3d. It had provided one whole day, six and one half hours, for the sole consideration of Materia Medica, the keystone of our faith and without it we have no reason for our distinctive organization.

4th. It recognizes the fact that the majority of our members are general practitioners and that their rights must be protected. We have therefore provided for them, six and one half hours of Materia Medica and one and a half hours upon each department of medicine and in which practical rather than

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technical papers should be presented. They also have the right and privilege of attending any or all of the special societies they desire.

The committee believe that any schedule providing for special societies alone should not prevail because it takes from the general practitioner and adds to the specialists, the benefits of membership. The Institute cannot publish in any way the transactions of all the special societies and their own without increasing its dues. This makes the general practitioner pay more than at present and the specialists less as it cuts off the dues of his special society. Under the proposed schedule the Institute will publish its general business, statistics, etc. All the Materia Medica meeting and the general scientific meetings held daily from 10:30 to 1:30 so that the Institute members would receive in return for their dues a volume of transactions of about the same size as at present, while the special societies would be allowed to publish their own transactions.

5. This schedule gives the special societies what they want, ample time to hold their meetings during the week of the Institute, and we believe will be entirely satisfactory to them.

Lastly. It does not saddle the expense of the special societies upon the Institute, which it cannot stand without increasing its dues, and we believe any increase of dues would greatly cut down our membership and in that way injure the life of the Institute.

THEO. Y. KINNE,
Chairman.

Paterson, N. J., May, 1902.

Book Reviews.

DISEASES OF THE LUNGS; Their Pathology, Sytomatology, Diagnosis and Treatment. By Ch. Gatchell, M. D., professor of diseases of the chest and physical diagnosis in the Chicago Homeopathic Medical College; attending physician to the Cook County Hospital; Chicago; formerly professor of the principles and practice of medicine in the University of Michigan; author of pocket-book of medical practice; editor of the *Medical Era;* secretary of the American Institute of Homeopathy. Chicago: Era Publishing Company. 1902. Cloth $2 00.

Prof. Gatchell has presented, in a book of nearly three hundred pages all the salient points of diseases of the lungs beginning with bronchitis and closing with that infrequent condition of the bones usually characterized by suppuration, sometimes found in chronic lung diseases.

The work treats of disease; first, by giving its name, etiology, pathology, morbid anatomy, symptoms, physical signs, differential diagnosis, prognosis and treatment. The presentation of the remedies is most excellent, being the condition or stage

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in which the remedy may be useful and then follows the characteristic symptoms. The study of the subject is closed with the general measures which are hints concerning the sick-room, the diet, local applications, and those means which really come under the broad head of adjuvants.

Dr. Gatchell is a natural book-man; that is, he knows how to put in cold type the things he would say in the lecture room and in the clinic, a faculty which few possess, and it is this that makes his books of such excellent value to the practician. One really catches the spirit of the teacher as he reads.

THE DIAGNOSIS OF SURGICAL DISEASES. By Dr. E. Albert, late Director and Professor of the First Surgical Clinic at the University of Vienna. Authorized Translation from the eighth enlarged and revised edition, by Robert T. Frank, A. M., M. D. With fifty-three illustrations. New York: D. Appleton and Company. 1901. Chicago: Mississippi Valley Press.

Here is a book which appeals as directly to the general practitioner as it does to the surgeon for the necessity of a correct diagnosis is known, as much to the general practitioner as to the specialist, if, indeed, not more. The reason is plain: A case comes to the family physician first, upon him rests the responsibility of a correct diagnosis and upon him lies the opportunity of making the first diagnosis. Of medical works on diagnosis there is a large number and this one on Surgical Diagnosis fills up the gap which has been left so long unoccupied.

The work is divided into thirty-nine chapters commencing with the symptoms of the head and passing down to the feet through every division of the body. The diseases are studied in natural groups, that is, those presenting similar symptoms are studied together and in this way the differentiation is kept more clearly in mind. As an illustration we copy the following, where the author is speaking of the position of the head as a diagnostic guide. He was lecturing to a class when a child was brought in to have performed tracheotomy: "Its breathing really indicated a high degree of stenosis of the air-passages. But the child did not show the retraction of the head usually seen in croup. On the contrary, the head was bent forward and kept in this position without the slightest movement. This circumstance, combined with the pale looks of the child, caused me to suspect, at the first glance, that the dyspnea might be due to caries of the cervical spine, with retropharyngeal abscess. Without delay I palpated the neck and discovered a prominent spinous process. I now passed the fingers of my left hand into the child's mouth, and found an elastic bulging of the posterior wall of pharynx. Introducing a knife, I opened an abscess, the whole incident occupying only a few seconds. The dyspnea gradually diminished." Just such occurrences as the above will add or detract from the position

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of the family doctor, according to the manner in which he handles the case. We can heartily recommend the work to our readers.

PRACTICAL DIETETICS; WITH SPECIAL REFERENCE TO DIET IN DISEASE. By W. Gilman Thompson, M. D., Professor of medicine in the Cornell University Medical College in New York City; visiting Physician to the Presbyterian and Bellevue Hospitals. Second Edition. Enlarged and thoroughly revised. New York: D. Appleton & Company; Chicago, Mississippi Valley Press. 1902.

A thorough study of dietetics ought to be one of the demands of a modern medical education for many a person is sick and remains sick, not from a lack of remedies or a proper diagnosis of the case but because of the inability of the attending physician to prescribe a proper dietary. This work, a second edition of which comes out within five years, answers the question of diet so well that no physician anxious to cure will be without its advice and help. The book is divided into nine parts, the first treating of Foods and Food Preparations; Part II, of Stimulants, Beverages, Condiments; Part III, Cooking—Food Preparation and Preservation.—The Quantity of Food Required; Part IV, Food Required for Special Conditions; Part V, Food Digestion.—Conditions which Especially Affect Digestion; Part VI, The General Relation of Food to Special Diseases.—Diseases Which Are Caused by Dietetic Errors; Part VII, Administration of Food for the Sick; Part VIII, Diet in Disease, this being subdivided into the Special Consideration for Diet in Infectious diseases, in Diseases of the Respiratory System, of the Circulatory System and Blood, of the Urinary System, of the Alimentary Tract, Diseases in the Intestines, of the Liver, of the nervous System, in Skin Diseases, in Diseases Especially Influenced by Diet, in Miscellaneous Diseases and Diet for Surgical Patients. Part IX, gives the rations of the U. S. Army, the Dietaries for Athletic Training, for Infants, of Various Hospitals. The above presentation of its contents gives a better idea as to its practical division and the ease with which one consults just the part he desires. Dr. Thompson has certainly made his work what he started out to, *i. e.*, a Practical Work. We most heartily recommend it to every reader of this journal.

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THE MEDICAL VISITOR

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Original Articles.

THE SECOND SUMMER OF CHILDHOOD.*

BY W. E. FRUIT, M. D., PROF. DISEASES OF CHIDDREN CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

The second summer of childhood is associated with much anxiety on the part of the mother for the welfare of her child. She feels that if she can pass successfully through the second summer, she has very good hopes of raising her child to adult life, and from that time on the summers are no more dreaded than the winters.

If this period of life is dreaded, we must ask ourselves, if there is a foundation for this anxiety, and if there is, what is the cause for this apprehension, and can the danger be removed and how?

There are some reasons why a second summer should be less dangerous to the life of a child than the first. It has at least one more year of growth added to its life, and in childhood the strength should be very materially increased in one year, for the growth of a child proportionately is very rapid. It should have trebled its weight in one year's time and be able to sit, and stand alone, and some times can walk at this age. Yet regardless of this increased growth in size and strength, our observation and statistics confirm the fears of the mother, and show that the mortality runs high during this period.

Another source of anxiety to the mother occurs at this time, almost as much dreaded in itself as the second summer, the eruption of the so-called eye and stomach teeth, and there are some in the profession who share with the mother this anxiety, believing that these the sharpest teeth in the mouth are more difficult of eruption than the blunt molars. Reason should say that they should be the easiest to pierce the gum because the sharpest. There is nothing in the structure of the gum at that locality which should render it tougher than other localities. Then having a sharp tooth and tissues the same as that through which the other teeth less sharp must cut, it should be and is easier to erupt these

* Illinois Homeopathic Medical Association.

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teeth than the other more blunt ones, so we believe the prevailing anxiety associated with the eruption of the canine teeth is groundless in so far as they are directly concerned, but they appear at a time in life when mortality runs high and consequently they have been judged guilty, because unavoidably found in bad company. I am willing to pass sentence elsewhere and let the canines go Scott free after long years of condemnation, by the laity and also by some of the profession. They are no more to blame than their neighbors and probably less so, and it is time that these teeth which have borne the blame unflinchingly for so many years should be freed from responsibility in regard to this matter.

There are two factors, which we believe in all justice, should bear the blame,—contagion and diet. These are the guilty pair, and the earlier we part company with the one, and reform the other, the more children will successfully pass through this critical time.

Nursing children seldom contract contagious diseases, but after weaning they become more liable to contagious influences than during the nursing period. It would seem that one reason for this is, that previous to weaning, the child is receiving a sterile food, fresh breast milk from a receptacle whose interior is sterile. If this be an important factor let us continue to feed sterile foods from sterile receptacles until this period is past. This brings us to consider the main reason for high mortality at this time of life, diet, which is the chief cause for gastric and intestinal troubles, and it is principally these troubles that are most prevalent at this time. In order to lessen the mortality we must strike at the root of the trouble and remove the cause. This time of life occurs at or soon after the weaning process, when the child is eating a variety of foods, and is frequently allowed to partake of foods of its own selection. Many mothers think weaning means removing milk foods from their children, and allowing them in a large degree to select their own foods, when it should mean a removal from the breast and a continuation of foods in which milk properly modified should constitute a large portion of the supply of food.

It is generally understood among the profession, and the laity should be taught the same, that the reason cow's milk is more difficult to digest than the mother's milk, is on account of the excessive amount of caseine it contains, forming so dense a curd that it is difficult for the child's stomach to separate it. The only way for this to be overcome, is by diluting the milk, thus reducing the amount of caseine, This is best done by the addition of plain water or some cereal water. Of the cereals barley or oats is preferred. Then add cream, sugar, soda or lime water. From the multitudes of commercial foods now upon the market each

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one claiming to be a perfect substitute for mother's milk, one might think the easiest way out of the dilemma would be to select some of these prepared foods. No doubt this would be the easiest, but I think not the best way to solve the problem. Some of them are good, but many of them are very poor to continue with for any length of time. They are most of them based upon the idea of modifying cow's milk, since milk, cream, sugar and water are easy of access, let us do our own diluting and know exactly what our child is taking, varying these elements to suit the individual wants of the patient. In this way by carefully studying each case one can more nearly approach an ideal food, one suited to the wants of each child. In addition to this a child of the second summer should have meat juices in the form of cooked gravies or the raw juice expressed, also some of the fruit juices and cereals. These should be fed at regular intervals. During the hot months germ life is most abundant and this is one of the reasons why gastro-intestinal troubles are frequent at this time, and is why the child should partake of freshly cooked foods or those heated sufficiently hot for Pasteurization, avoiding all raw foods and those that have been cooked for some time and exposed to the atmosphere.

Another important factor is regularity in feeding. A healthy child of this age should not, under any circumstances, be fed oftener than once in three hours, more frequent feeding is apt to derange digestion by overworking the digestive organs, thus allowing foreign matter in the shape of undigested food to pass through the alimentary canal, irritating its passage, so that high temperatures are sometimes developed from irritation. Toxines are aiso developed in the process of food decomposition and absorbed, giving rise to toxic symptoms.

The child should also have pure water ad libitum. This we deem a great necessity, and it is too often scantily allowed. Water is not only palatable and quenches thirst, it also bathes the mucous surface with which it comes in contact, increases the moist exudate on all surfaces, flushes the kidneys, is a source of nutrition in itself, and very materially assists in the absorption and assimilation of foods in general, and also assists in removing effete material from the body, and yet is frequently scantily allowed, if at all. Here in Chicago where its papers have been daily crying about the impurity of the water, they have so frightened the parents that many children have suffered from want of water, and have been given drinks that are more injurious than Lake Michigan water. I have repeatedly been called to attend children living in the poor districts of Chicago, and upon inquiry as to the amount of water they were getting, find they had been deprived to a great extent of this necessary element, because the parents had been informed that the

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water was unfit to drink. The substitute drinks were weak tea, coffee, or water to which whisky had been added, to purify it, or else they had still farther followed the instructions of the daily papers and boiled their water. This, of course, did sterilize the water, and had it been kept in sealed vessels we could have found no fault, but boiled water allowed to stand in an open vessel on a hot day soon becomes worse than hydrant water. Unless our instructions are carried farther than simply telling them to boil the water, by telling our people how to keep it after it is boiled, they had better not have been given, and the child had better been allowed to drink freely of lake water. My experience is that very few troubles at this time of life should be placed at the door of Lake Michigan water, and if this is the only water that can be afforded, and you do not know how to improve it, I would say, "Drink ye all of it," and all you want of it.

A child of this age should have 14 to 15 hours of sleep out of the 24. It should be put to bed at seven o'clock each evening, and should sleep until eight the next morning. It should also have two hours sleep during the middle of the day; the room should be darkened by drawing down the shades during the sleeping hours. It should also have plenty of fresh air during sleeping hours, avoiding draughts. During waking intervals it should be out of doors most of the time for exercise, fresh air and sunlight, and also for the purpose of education, where it is continually viewing new objects, relieving the monotony of indoor life, receiving instruction and mental development from object lessons.

If in addition to these suggestions we see to it that our child is comfortably clad, and frequently bathed and rubbed, we have so reduced the dangers incident to the second summer, that it need not be dreaded more or as much as the second winter.

If we observe carefully preventive measures at this time of life, curative measure will less frequently be demanded.

SUGGESTIONS FOR THE SUMMER DISEASES.*

BY P. S. REPLOGLE M. D., CHICAGO, ILL.

Soon we will be called upon to treat the diseases usually prevailing during the summer and fall, such as "stomach and bowel troubles," summer complaints, cholera infantum, vomiting and purging, convulsions, etc., with children, and indigestion, cholera morbus, diarrhea, dysentery, etc., with adults.

Are we prepared to treat them? Do we need to refresh our memories or do we never forget—Have we read the latest literature on this

* Written especially for The Medical Visitor.

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subject? It has been my custom for years, in the spring and early in the summer, to review the literature and refresh my memory in reference to the diseases prevailing during the summer. I always felt I was well paid for doing so. I would read everything I could find on the subject, especially the late journals of both schools of medicine. I also gave special attention to my materia medica. I read and re-read such remedies as: Acon., Anti C., Aloes., Ars., Bap., Bell., Bry., Calc. C., Calc. P., Colyc., Crot., China, Ip., Merc. Nux V., Op., Phos., Pod., Puls., Rhus T., Sulp., Ver. Alb., and some others.

I studied "Bell, on Diarrhea and Dysentery," and other similar works. I arranged my repertories so I could find special symptoms readily. I also read the allopathic works and late journals to see what advancement they had made.

Especially did I refresh my mind on the *diet* and *care* of children. I hunted up my former notes on the preparation of "Foods for children" and made note of suggestions by the late writers.

All this paid me a hundred fold and I recommend this plan to the general practitioner and especially to the young physician who is anxious to build up a successful practice.

As illustration: I read some where that no mother should nurse her child over 10 or 12 months, especially if she was menstruating.—That the milk was poor and liable to poison the child. I was called to see a child 12 months old, who had convulsions. I prescribed for it and it recovered from the convulsions, but did not gain much in general health. In four weeks I was called the second time to prescribe for convulsions. This time the child did not recover so easily and came near dying. I began to hunt carefully for causes. I found the child received but little nourishment excepting the breast milk. I inquired as to the condition of the mother's health. Health fair, appetite good, bowels regular. She was menstruating every month for the last three months. I learned the child was not well for three months, although in good health previously, and every time immediately after menstruation the child was decidedly worse.

I looked up my notes: "No mother should nurse her child more than nine months if she is menstruating, if she does not wish to endanger the life of her child. Mother's milk is very liable to be of poor quality during menstruation."

I ordered the child weaned and placed on suitable diet. The result was marvelous and gave me a good practice in that neighborhood.

Again: Early in the season I read of the small mortality of children in one of the Eastern hospitals for children because the matron understood the physician in charge to say, feed the children only three times

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daily, instead of every three hours. The mistake was discovered in the fall when congratulating each other of the few deaths during the previous summer. I made a note: "In general there is more danger of overfeeding than underfeeding children. The digestive organs of children often are overtaxed and require rest."

In consultation, the doctor said he had tried all kinds of food for the little sufferer, but was unable to have it retain anything. The food would either be vomited or pass through the bowels undigested. The red edges of the tongue showed great irritation, and the emaciation showed starvation, hence the great anxiety of the attending physician for fear the child would starve. I remembered my notes, and suggested that all foods were irritating the digestive organs. Food of all kinds were poisonous and should be prohibited until all symptoms were better.

The child was quite thirsty. *Ars.* thirst, which the doctor had frequently prescribed. Water was allowed freely. As soon as the symptoms improved, albumin (white of eggs) was added to the water. Vomiting and diarrhea soon ceased, and within 48 hours there was decided improvement, food was properly digested, and the child was soon restored to health on meals not oftener than every three or four hours. Child was fourteen months old.

So, I might continue giving cases until I would tire your patience, but I hope I have said enough to convince your readers of the importance of getting ready now for the coming season.

THE AMERICAN INSTITUTE OF HOMEOPATHY—FIFTY-EIGHTH ANNUAL MEETING.

BY THE EDITOR.

CLEVELAND, O., June 16, 1902.

Well, here we are in Tom Johnson's town. Before we arrived in Cleveland we had a vague idea it was owned by one Rockefeller and another Mark Hanna (Uncle Mark they call him here), but one does not stay long in this progressive city before he learns that Tom Johnson, Mayor Tom, is about the whole thing, and the others belong to the "also rans." But it is reported that "Uncle Mark" is coming home this fall to give Mayor Tom about the biggest run he ever had. It seems that since Mr. Hanna has been absent attending to making presidents, and incidentally drawing pay as United States senator, this fellow Johnson has been building fences so tight that they almost hold water, and this great Republican stronghold has been taken in by Mayor Johnson, bag and baggage, and placed in a vault, put under lock and key, and he owns it. Mind you, owns it!

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Cleveland is not such a bad place. It is not as pretty as one would expect to see from its poetical name, "The Forest City," but it is still as good looking as any of the large cities. It has one handsome avenue, Euclid, which is a charm for about one and a half mile, and then beyond that stretch, reserved for the homes of the iron and oil kings, it blossoms out into a business street and shops of various characters, some pretty, some very ordinary, it stretches out until it is lost in the country roads, and none really know where it commences or where it leaves off.

The part of Euclid avenue, where the wealthy people reside, or rather where they once lived, for nearly all have moved to some other city, the building line is a long distance from the street line and the well kept lawns and really handsome homes make an oasis among the shorter lots, and smaller homes which lead out from this particular part in both directions. And speaking of directions one is reminded of the fact that the compass evidently was lost when Cleveland was laid out and their streets wiggle in and wiggle out in the most unceremonious way so that when one starts north on a certain street he is very likely to be going south by southwest before he reaches the objective point.

The clan is gathering in. There is not the ominous forebodings of a year ago. The tension that was felt in the political air of Richfield Springs last year is not so keenly developed here at this time. Three candidates will be in the field, with a probable dark horse, for the highest office within the gift of the members of the Institute. The two leaders are Dr. Joseph P. Cobb, of Chicago, and Dr. Hanchett, of Omaha, Neb. The next prominent man is the present first Vice President, Dr. Edward Beecher Hooker, a Connecticut gentleman, suave, dignified, and extremely polite. An ominous rumor is afloat that our esteemed friend, Dr. George B. Peck, of Rhode Island, will also come and if that is the case the eastern delegation will probably divide and the strength of the voters will go to Drs. Cobb and Hanchett with the odds in favor of the former. And why not? Dr. Cobb made a splendid fight at Richfield Springs when one considers that he was handicapped by the friendship of those who were responsible for the removal of the meeting place from Niagara Falls and many a vote which was cast against Dr. Cobb at the last meeting was done to punish the men who made the change. It was another case of "old Dog Tray" with Dr. Cobb nolens volens taking the part of the unfortunate dog. All things being equal Dr. Cobb would have been president last year.

The Eye and Ear men, with long names of eye diseases which cause the general practitioner to have an attack of lock-jaw to pronounce, and generally throws the layman into a convulsion when he sees them in print, have been holding the best meeting ever held by the special so-

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ciety. This society is an index of the coming meeting, and in all probability this meeting will reach a large, if not as large, attendance as we have ever recorded at the American Institute.

The surgeons are here and are having a good meeting, judging from the interest taken in the papers which are being read, and the active discussion which follows the presentation of each paper. This is the last meeting of this society, for next year, unless all signs fail, these independent societies will be held under the protecting wing of the old Institute, where they belong, and their labors will come to all we poor mortals who forget whether we should heat our knives before we cut butter or not.

Each train brings in a large increase in the numbers of those who are here to attend the meetings. The local committee is not reaching the expectations of the visitors; take a large party which arrived from Chicago in charge of ye VISITOR man, some thirty odd, and not a soul was present to meet us at the depot, and we found our way to the hotel as best we could. It appears as if nearly every member was depending on Dr. Baldinger, a member of the local committee, to do all things, and this he found impossible. No bulletins were posted, the Hollenden hotel running over when we arrived, and many of our friends had to hunt a hotel in a strange city, and before they found locations began to think of words not used in Sunday schools to a very large extent.

Night has found us all settled down. Every one secured a nice place. there are plenty of them, and tired, happy, anxious for the morrow, the scientists and the warriors are sleeping the sleep of the just, the lake breezes cooling alike the brows of he who will win, and he who will lose. Tomorrow we shall see what is in store for us.

JUNE 17, 1902.

There is something in the air! Ye editor is always an early riser, and thinking he would have an opportunity to take a quiet walk, study the question of the revision of the constitution which is coming up, was struck by the fact that among the first men he met on going into the rotunda of the Holland, was George, of Chicago, who never gets up early at home, Green, of Little Rock, "Billie," as the boys affectionately address him, and a host of late risers were all up and in their best "bib-and-tuckers," ready to greet the early-comers with a hearty handshake.

The most of the conversation is upon the revision. It seems as if the committee on revision, Kinne, Runnels, of Indianapolis, and McClelland could not, or at least did not, agree before the meeting upon the plan and they are endeavoring to arrange the matter peaceably before the final report shall be presented to the meeting. Runnels has a bump of firmness which has no soft part in it, and he will fight for what he

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believes to be for the best interest of the Institute; Kinne is a genuine politician and will surrender some of his ideas before he will go into a fight on the floor of the Institute, and McClelland will do almost anything to prevent disagreement, so we hope we shall not have a double-headed report to fight out on the floor.

If we do there will "be wailing and gnashing of teeth" when these three leaders each makes a plea for what he believes to be the best for the cause. One can rest assured, however, that what is done will be done for the Institute. Neither one has an ax to grind, nor a grindstone to turn, and the specific idea surmounting all others in the mind of each man is "What is best for the American Institute." With such a desire being paramount we can afford to wait until this afternoon when the matter will be presented, and we hope in a spirit of earnest consideration for other's feelings and convictions.

And so we go to luncheon.

AFTERNOON.

A little behind the time, eight minutes, Dr. Wood called the fifty-eighth annual meeting of the American Institute to order in the auditorium of the Chamber of Commerce. The acoustics of the room are fearful and wonderful to contemplate. When the speakers receive their remarks for corrections prior to their appearance in the yearly volume of Transactions there will be troubles with the poor recording secretary of which I am "It."

Dr. Wood. thanked the members for electing him to the position; recognizing the high honors conferred upon him and begged the indulgence of the members with imperfections in himself. He stated the meetings would be called promptly on time.

Dr. Hooker, vice-president, appointed as committee on President's address to be delivered this evening Drs. Ward, Runnels and Bellows.

Dr. T. Franklin Smith, prior to the commencement of the regular business, announced the death of Dr. Selden H. Talcott, one of the beloved men of the Institute and an ex-president. The secretary was instructed to send a telegram to the widow expressive of our sympathy.

Dr. Wood then called for the report of the Executive Committee, by the secretary, Dr. Gatchell. Dr. Gatchell stated that the committee had held a meeting in Cleveland on Feb. 9th, had selected this city as the place of meeting, and offered the program, which contained the schedule for this meeting, which he moved be adopted as the order of business. This was done by the Institute.

Dr. Kinne read a report of the Committee on Publication, which after some discussion was received.

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Dr. T. Franklin Smith, treasurer, presented his report showing a balance in the treasury of nearly four hundred dollars. The report was received and referred to the auditing committee consisting of Drs. Custis, Hanchett and Cobb.

Dr. Jones, chairman of the local committee was absent and the report was made by Dr. J. Richey Horner announcing the entertainments arranged for the week. To a fellow it looks a good deal as if the ladies were to be much better entertained than the men, for all of which we married men are very thankful. This includes all the doctors, for if one is not married he ought to be.

Report of the transportation committee was passed because of the absence of the chairman and the appointment of members to fill places on committees of those who were not present.

Dr. Wood then called for the report of the Committee on Revison of the By-Laws, by Dr. Kinne. This was what we were waiting for and his report showed the fact that the committee was not harmonious. Dr. Kinne stated that his committee would report progress and asked that the detailed report be made a special order for tomorrow morning following the report of the Censors.

Dr. Cobb called attention to the fact that nothing had come of the report submitted by a special committee on publishing the Transactions. This was left over and will be considered by the committee on Revision.

Dr. Frank Kraft asked that the report of the Committee on Medical Literature be passed which was done as per his request.

Dr. Wood then asked for the report of the Interstate Committee.

Dr. W. H. Hanchett reported saying that some work had been done, several new state societies had been organized; he felt that organization should be our watchword; that we should be chary of the proffered friendship of the old school until such friendship had been thoroughly tried. The growth of the school is such that we should remain as we are until the time has arrived when allopaths will acknowledge the truth of Similia Similibus Curanter. Dr. Hanchett closed by saying: "We do not maintain or claim that the time may not come when all schools of medicine shall be amalgamated and when truth shall reign supreme; but we do maintain that with the high standard of medical education which our colleges are now demanding that there is no reason for Homeopathy to make any retreat or compromise with the enemy." This statement was greeted with much applause.

Dr. Benj. F. Bailey at this point arose and complained of the noise at the side where he was sitting it being so great it was impossible for the members to understand anything that was going on. The local com-

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mittee corrected the conditions and there was no further trouble from that source.

Dr. Garrison, chairman of Transportation, having just come in, reported the work he had done to secure rates for the meeting; that the matter was taken up early in the year; concessions were secured from all the associations except the Trans-continental, but believed it possible to secure such concessions another year.

Dr. Wood read a letter he had received from Dr. Burford stating the condition in which Dr. Hughes had left his family at the time of his death, and it was suggested that it would be a nice thing for the Homeopathic physicians to send a testimonial. The matter was turned over to Dr. J. H. McClelland, because of his success in raising money for the Hahnemann monument and in a very short time he had a purse of over seven hundred dollars to forward to Mrs. Hughes.

It is odd how a person becomes associated with a particular thing. Dr. McClelland has been so many years soliciting money for the Hahnemann monument that one fellow turned and asked, "Why, isn't that monument done yet?"

During the meeting Dr. Gatchell, secretary, announced that he had a certificate from the New Jersey Homeopathic Medical Society appointing Dr. Kinne delegate, and Dr. Wood declared he was pleased to learn that "our friend Dr. Kinne, of New Jersey, had a certificate of character." The announcement was greeted with laughter.

President Wood desired the members to interest themselves in the Institute and undertake to secure as many members as possible at this meeting. Before adjournment a list of fifty-nine applicants for membership was read.

At 5:45 the session stood adjourned until 8 p. m.

EVENING SESSION.

The opening exercises of the Fifty-Eighth Annual Meeting of the American Institute of Homeopathy was held in the Chamber of Commerce.

One of the largest and most distinguished audiences which ever greeted the American Institute at its formal opening was assembled when the Vice-President, Dr. Hooker, arose and requested the Very Rev. Charles D. Williams to invoke the Divine blessing.

Dean Williams made a most eloquent prayer, after which Dr. Hooker said we were fortunate in being welcomed to this city by its chief executive officer, whose reputation extends far beyond its confines. He then introduced Mayor Johnson as the "Honorable Thomas L. Johnson, the Mayor of Cleveland."

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Mayor Johnson was greeted with round after round of applause as he stepped forward. He stated the chairman of this meeting was particular to ask whether his name was Thomas or Tom, and when explained fully he had then got it wrong. Unfortunately or fortunately it is spelt with three letters. He said there were some unpleasant things connected with the mayor's office, but to perform such an office of this kind is always pleasant. "Generally," he said, "it is a gathering of men gathered together from some craft in which they, from bad taste or some other cause, leave the ladies out. It has never been my good fortune before to welcome to the city of Cleveland a gathering composed so largely of the fair sex, and I want to say to you, that it is an added charm, and I extend to you, with an added heartiness, a welcome to our city." He figuratively turned over the keys of the city.

Dr. Hooker, before calling on Dr. Jones said, it was quite true the mayor did tell him his name was Tom, but he had never met the gentleman before, and he was so impressed by his breadth and dignity that he tried to fit the name to him rather than remember exactly what his name was. He then announced that Dr. Jones, chairman of the Local Committee, would extend a welcome to us from that committee.

Dr. Gaius J. Jones declared at the start that for two long years they had anticipated this pleasure, the pleasure of meeting here in Cleveland. The light had burned in the window for you, the fatted calf had grown fatter until it had become too valuable to kill. He referred to the wonderful growth of Cleveland, and said that its reason for growth might be answered in one word—iron. The days of King Cotton had passed, and the scepter of power had been removed from Georgia and Mississippi and set up in Wisconsin and Minnesota. Coal and iron met in Cleveland, and as a result a wonderful city had sprung up under the magic wand of manufacturing industries. He spoke of the advancement of the medical profession along with these material advancements, and told that it was "here the second homeopathic college in the United States was founded. He recalled the meeting held in Cleveland in 1875 and noted the changes that had befallen its membership since that day." He said, "In looking over the transactions of that year I noticed that the officers of both 1873 and 1874 are included, and it needs but a glance at the roster of the Institute for those two years to prove to us the brevity of human life. Of the two presidents, the one of '73, that noble man from Chicago, Small only in name; the talented Youlin of Jersey City; the vice-president of '74, Burgher, of Pittsburg, known all over this country, McClatchey, secretary for both these years, all have joined the innumerable host. But one of the three members on the auditing committeee and but one of the three on the credentials remain. * * *

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May your sojourn here be both pleasant and agreeable, and may none but the pleasantest memories ever remain with you as you recall the fifty-eighth session of the American Institute."

Miss Nellie Belle Jones delighted the audience with two piano selections which were exquisitely rendered. She was presented with a handsome boquet of American beauty roses and responded to an encore.

Dr. Hooker, in a charming manner, responded to the address of welcome, after which he was followed by Dr. Wood with the presidential address.

At the close of Dr. Wood's address the benediction was pronounced by Dean Williams and the large audience departed glad to have been there.

It was an auspicious opening and somehow seems to have thrown ill-feelings to the wind. The contestants for honors will have the good will of the opposing sides. No dirt is being thrown around, every one is beginning to take sides. It is now eleven o'clock p. m., and years since my dear old mother used to say, " It's time for little folks to be in bed," and I am going.

WEDNESDAY, JUNE 18, 1902.

It is delightful weather here, cool, clear, and just the kind of weather one would make if they had the power to make. The "boys" are up and around this morning, talking revision, talking politics, talking medicine; it certainly would do the ladies good to hear these men talk!

Promptly at 9:30 this morning, before the Recording Secretary had fairly aroused from the previous night of labor, the gavel fell and the President declared the morning session open by calling for the report of the Censors. Not being ready to report, the proposed plan in the change of work was presented by Dr. Kinne. It was evident the committee on revision had seen each other during the interim from last evening and this morning for most of the time Runnels seconded Kinne's motion to adopt and the thing went through something like a political slate, where the whole convention votes aye when some leader nods his head.

It makes a great change in the work of the Institute, the sections in Obstetrics, Pediatrics, Opthalmolgy, Otology, and Laryngology, Surgery, and in fact all the specialties are thrown out and compelled, if they wish to have a part in the Transactions to form affiliated societies, working under direction of the Institute but no part of the Institute.

Materia Medica, Clinical Medica, Homeopathy, all form sections or, bureaus, which are part and parcel of the Institute proper, but the others are not. The Transactions of these affiliated societies will be

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published in the year book of the Institute under the supervision of the Publication Committee. Whether it will be for the best time only will settle. It does not seem to the editor that it is the best that may be done and yet there seemed a desire on the part of those who are called leaders to do something. Change, however, is not always progress, and progress sometimes marks a retrogression. The American Institute has prospered, as never before, under the methods of transacting its business adopted at the Washington meeting and it seems the part of wisdom to a conservative man like ye editor to have continued this plan until the time had arrived when growth had ceased.

Custis made a plea for the general practitioner which would have moved a heart of stone. It turns out, however, that the adoption of the Runnel's plan means very much for the general practician. He becomes, by virtue of Institute membership, a member of all the special societies, and can enter into the participation of any particular society. He secures the total work of all the societies, thus giving him a splendid year-book instead of the Transactions alone. Kinne's plan would have proved a miserable failure had it been adopted, and it was a wise thing when the old leader was quietly but firmly downed.

Kinne's plan would have left in the year's work nothing on surgery, obstetrics, pedology, etc. It would have been an emasculated book, giving the windy proceedings of the business sessions but naught of scientific value except the work in Materia Medica.

Norton, editor of the *Eye and Ear Journal*, fought the change. Reports say Norton gets about four hundred dollars for publishing the proceedings of the American Homeopathic Otological, Ophthalmological and Laryngological Association, a special society devoted exclusively to the study of these diseases. If this society accepts the plan of the Institute, this amount of cocoanut milk will not be taken in by that journal, and it was claimed by some that Dr. Norton's opposition to the change was based upon financial reasons. Certain it was that his plea about the extra cost of publishing the Transactions prevented taking this step, was not well taken.

If these various sections are taken out then the work of these different societies will take their places. The increase will amount to but very little, and we will be glad to take the contract to publish a book of four or five hundred increased pages at a cost to the Institute of not to exceed three thousand dollars. There will not be that much of increase because of the fact that all of these different sections are now discontinued, and the tendency is to have fewer papers and more discussions.

During the morning the president called upon Secretary Gatchell to read the nominations for officers, which he did as follows:

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For president—Joseph P. Cobb, Edward Beecher Hooker, and William P. Hanchett.

First vice-President—James W. Ward and H. F. Biggar.

Second vice-President—M. Belle Brown.

General Secretary—Frank Kraft and Charles Gatchell.

Recording Secretary—J. Richey Horner.

Censor—Millie J. Chapman.

Necrologist—C. A. Weirick.

After the adoption of the following resolution: *Resolved*, That whenever any sectional society desires its Transactions published separately in full the Publication Committee is authorized so to do at cost price, provided payment for 75 copies is guaranteed.

CLEVELAND, June 19th.

Election is in progress at this hour, 12 noon, while I am writing, and as yet no one knows the outcome of the ballot's battle.

The finish of the report of the special committee on revision of the by-laws was made this morning and the idea of the combined forces have prevailed, changing the organic law of the Institute and making it solely a homeopathic organization with all the special branches laid on the shelf unless there is an independent organization. It is provided for the publication of the work of these special societies. Norton died hard in his opposition to the adoption of the change. He was ably seconded by Bailey, of Nebraska, but at the last roll call they had but three or four supporters, the rest believing, apparently that a change was needed, and this particular change worth trying.

Dr. Norton also made a plea for a summer resort to be the place of the next meeting, and commenced to read a lot of letters from different places in which the advantages of each were lengthily set forth. The members soon tired of this performance, however. After nominating Alexandria Bay, Thousand Island House, Put-in-Bay, Green Brier, White Sulphur Springs, and a half dozen others, he took his seat.

Dr. J. Herbert Moore presented the claims of Boston in a neat speech and the applause which followed him indicated the desire of the Institute to go to B—beans next year.

Walton was called upon to place in nomination Lookout Mountain. He has a perennial right to do so, and arose with a solemn grandeur, beautiful, calm, dignified, commanding and said: "Mr. President, Lookout Mountain still stands a silent sentinel guarding the beautiful valley of the Tennessee," Cowperthwaite broke in here with the suggestion that it was now a volcano, but Walton, with gesture of a trained orator, exclaimed in clarion tones, "and there let it stand (Applause). It has nothing to do with my nomination; as a matter of courtesy I want

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to place in nomination Milwaukee, because the Chamber of Commerce has sent out invitations for our meeting there." Dr. M. A. Barndt seconded Walton's nomination.

By a decisive vote the Institute decided to go to Boston, and no other place was considered.

The tellers reported that Dr. Cobb had received 113 votes, Dr. Hanchett 111, and Dr. Hooker 90. There not being a majority of all the votes cast for the presidency for any one candidate the chair ruled there had been no election. Drs. Biggar and Brown were elected first and second vice-president, respectively; Dr. Gatchell, secretary; Dr. Horner, recording secretary; Dr. Smith, treasurer; Dr. Aldrich, registrar; Dr. Chapman, censor, and Dr. Weirick, necrologist.

Dr. McClelland announced there had been subscribed to the Hughes Testimonial fund the sum of $750 but he wanted to secure a thousand dollars, if possible. He also made a statement that the Monument Committee had prepared a book for the subscribers, giving a history of the monument, and a list of subscribers, which would be sent to all the monument subscribers. The book contained a list of the speakers, with the addresses of the same, the committee.

Of the Monument Committee there lives but two of the original number who first took up the work to secure the money, these two being McClelland and Custis.

Any homeopathic physician desiring a copy, and they will be of much interest to one interested in the school, can do so by addressing Dr. J. H. McClelland, corner 5th and Wilkins Ave., Pittsburg, Pa.

CLEVELAND, June 21st.

It is finished, and the American Institute adjourned at 10:30 a. m., without day. The work of yesterday was practically settling the little details of the revision business, and this morning the announcement of the various committees by the presiding officer.

The tellers announced the fact that Dr. Cobb had received a majority of all the votes cast for president in the second election, and he was declared president of the American Institute for the coming year.

It has been a great meeting, over one thousand members and visitors being present, in comparison to which the shadow of Richfield Springs with its halo of Cooper and "Glimmerglass" and its poetical surroundings, sink into insignificance. Over five hundred and fifty members attended, a splendid testimonial to the wisdom of the executive committee in selecting Cleveland. The press reports were good, as they must be when a newspaper man like Kraft has the charge of things. Pictures of many of the members, not all the leading ones by the way, appeared in the papers.

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Too much cannot be said in praise of the efforts made by Dr. H. F. Biggar, Sr., in entertaining the various members. He gave a dinner to the seniors of the Institute, gave several delightful luncheons to old friends and new ones and made an effort to see that everyone was happy. If it is not out of order THE MEDICAL VISITOR rises to place in nomination for the presidency of the American Institute for 1904 the "noblest Roman of them all," Dr. Hamilton F. Biggar. His kindly face, his snow white hair, his long years of work for the school, all fit him and entitle him to the highest gift, and his years indicate that it will not be many more until he, too, shall be "gathered to his fathers."

It was a great meeting, the auditorium was noisy, making it hard to report.

THE DRUG IN THE POTENCY.*

BY J. B. S. KING, M. D.

In many places in the published Transactions of this society the statement is made that there is no drug in the potency, but only its force. The suggestion has also been offered that the menstruum whether it be alcohol, milk-sugar or pellets simply contained the vibrations of a drug and not the drug itself. These ideas are not believed by me, but I would never have mentioned the subject, which I consider as unprofitable, had not the chairman of this bureau set me down for a paper.

Matter, if not infinitely divisible, is, at least, indefinitely divisible, and when any small portion of a drug is mixed with a menstruum, in the thorough manner required by the rules of homeopathic pharmacy, there must be some of the drug there, however small, and there cannot possibly be none. The claim that one pellet will medicate a million by dry contact does not postulate anything like soul, spirit or vibration, for matter exists in such subtle forms as to make such a phenomenon perfectly conservable to a rational mind.

A very minute piece of camphor placed in a very large jar will diffuse itself throughout every portion of the jar. An imponderable amount of hydrogen sulphide, allowed to escape in a large room, will show its diffusibility by blackening a piece of sugar of lead paper placed in the most distant part of the room. A tiny globule of mercury will diffuse itself through a large apartment and demonstrate its presence in the most distant part of the chamber by turning the color of paper saturated with ammonium sulph-hydrate. It is not necessary to say that the camphor, the hydrogen sulphide or the mercury has a soul or a vibration or anything more subtle than matter to understand this, nor need we say that

*Transaction, International Hahnemannian Association.

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the pellet contains something more subtle than matter to medicate the million of pellets around it. Matter in an invisible and subtle form, like the material atmosphere around us, will penetrate every nook and cranny of the largest vessel and permeate its space.

Many times I have heard at these meetings vibrations spoken of as if they were a distinct entity apart from matter, and the mere use of the word seemed to afford a satisfaction to some as explaining many mysteries. Now, a vibration is not an entity, it is simply a state of an entity: it is a quality of something. There can be no such thing as a vibration without something to vibrate. Hearing is a vibration of the form and substance of the ear, but apart from the ear it is not anything but an abstract conception of the mind. Good, bad, soft, hard are words expressing the quality of matter and cannot be conceived of apart from some good, bad, soft or hard thing.

So arguing from an analogy there cannot be any of the force, quality or vibration of our medicines apart from the medicine itself. Heat, light, electricity and magnetism have often been cited as instances presenting some analogy to our potencies, and also as examples of vibrations, but, in my opinion, the analogy does not hold for the reason that heat, light, sound, etc., are vibrations of the universal substances, ether and atmosphere, and are different from the vibrations of particular substances, and should not be cited as analogous.

The modification of the X-Ray by the presence of highly attenuated gases or rarified vapors of elemental or compounded gases in a Crooks' tube has been cited as making the whole matter plain and simple but I cannot see it. The Crooks' tube is just as full of ether at one time as another; it cannot be pumped out nor can it be forced out by a gas, such as hydrogen or carbon dioxide. The vibration that goes through a Crookes' tube is simply modified by the presence of the gas as the ordinary light vibration is modified in going through a piece of colored glass. The rarified gas in the one case, and the colored glass in the other, are necessary for the modification, and the said modification ceases the moment these are removed. Just so the sugar of milk, alcohol or other medicine, is modified by the nux, the aurum or the sepia as long as they are there present, and cease the moment the nux, the aurum, or the sepia is absent—in other words, there can be no drug action without drug presence.

My own ideas of the subject are saved from the confession of false analogies by the doctrine of influx which is as old as Aristotle, and while I am not anxious to make anybody think as I do, I will state it.

There is an universal influx into the universe from the primal source of all things. This influx in its origin is one, but it is variously received

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and is subject to as many modifications as there are substances and matters in the material world. Man, the highest creation, is the most adequate recipient of this influx, but it is none the less received by the homogenous jelly of the protozoa. It flows with all its power and with all its capabilities upon everything, living and dead, in the material universe. Its best analogue and picture is the light and heat of the natural sun, which flows with all its power upon all things, but is variously received by the matters and substances of the material universe, here breeding maggots and there germinating roses, here producing the exhalations of balsamic plants, and there the noxious vapors of a pestilence. The heat and light of the sun are one in their origin and flow forth as one, but are received with infinite modifications according to the recipient form, in other words, the variations are not all in the solar light and heat, but in the forms receiving it.

Among other things, this influx is received by our drugs and modfiied by them according to the form and substance of each, no two being ever exactly alike. It is received, bound down and held by the drug form, whatever that may be. The drug gives forth its qualities somewhat in its life history, form, shape of its leaves and, still better to our apprehension, effects upon the human system.

The manner in which we prepare our medicine, unswathes, unfolds, sets free its power of affecting the human system, and in this way the higher potencies are a better and more adequate modifier of the universal influx than is the crude form. Unless the modifier is there always acting there can be no modification, and, hence, there can be no drug action without drug presence.

Incidentally, I may mention that this doctrine of influx offers us the most rational modus operandi and explanation of the action of a drug in curing disease. I am not going to fight for it; have simply stated it because I was asked for a paper, and also to offset the unscientific ideas found in abundance in our transactions, which are likely to be considered the belief of all the members, while quite the contrary may be the case.

CASES IN HÆMATHERAPY FROM SOUND VIEW HOSPITAL.

BY T. J. BIGGS, M. D., STAMFORD, CONN.

CASE I.—SKIN-GRAFTING WITH CALLUS SHAVINGS, IN BLOOD.

Mary M.; age 60 years; Irish. Diagnosis. Ulcer of Leg. Patient admitted to Hospital, March 3, 1902. She had a large varicose ulcer situated over the tabia, about 3½ by 2 inches. This condition had existed for nine years, and during that time in spite of all treatment em-

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ployed had never entirely healed. It had been skin-grafted in the old way, three times unsuccessfully. At the time of entering the hospital the patient suffered so severely from pain that at times she would cry out. She was put to bed, secretions regulated, the ulcer cleaned up by means of a dermal curette, and dressed for the first twenty-four hours with a Thiersch pack. On the morning of March 5, after the surface had been thoroughly cleaned up, a bovine-pure pack was applied and kept wet with the bovinine for twenty-four hours.

On the morning of the 7th, I determined to employ grafts secured from a callus on the small toe, in order to demonstrate the technique of this mode of skin-grafting to five visiting physicians. The mode of procedure was as follows: The callus was thoroughly scrubbed up, and the external layers scraped off. Then thin sections of the layers next to the true skin were obtained by means of a very keen razor. Nine of these were deposited on the ulcerous surface. Over these were laid strips of perforated rubber tissue, then strips of plain bi-sterilized gauze saturated in bovinine, and a bandage applied. The nurse was instructed to keep the dressings wet with bovinine pure. This dressing was removed on the 14th, and it was found, much to the delight and astonishment of the visiting physicians, that out of the nine grafts employed eight were firmly adherent and in a healthy growing condition. The ninth had become displaced and was removed. The wound was now dressed with bovinine pure; the dressings being kept wet, and changed once in twenty-four hours. Co-incident with the local dressings, from the outset, the patient had been given a wineglassful of bovinine in milk alternating with wine and beer every three hours. On March 24th, she was discharged cured, the entire surface having become covered with new healthy skin.

This experiment has been employed frequently enough by me to demonstrate that where the technique is carefully followed it will in the majority of cases yield the most gratifying results. A point of interest in this case and a usual one, is that from the day of the first dressing of the bovinine up to the time the patient was discharged, she was relieved of all pain.

CASE II.—SKIN-GRAFTING WITH SKIN-SCRAPINGS, IN BLOOD.

Anna H.; age 12 years; American. Diagnosis, burn of right hand. Patient was admitted to hospital March 8th, 1902. As the result of the burn she had on the back of her hand an ulcerous surface 2 by 1¾ inches, very painful, and in spite of three months' treatment had refused to heal. It was impossible in this case to secure skin-grafts, and as I wished to demonstrate to the visiting physicians who were present the

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efficacy of *skin scrapings* as means of bringing about a rapid healing of small surfaces where grafts could not be obtained, with an ordinary vaccinating comb I secured skin scrapings from the little patient's arms, legs and back. These were deposited within the periphery and dressed as in the other case. The dressing was kept wet with bovinine pure until the morning of the 16th, at which time it was removed and to the delight of the visiting physicians as before, the surface was found to be almost entirely healed, there remaining unhealed only a small space about the size of a ten-cent piece, in the center. The wound was now dressed with bovinine pure and the nurse ordered to change it every 24 hours. Internally the patient had been getting a teaspoonful of bovinine every two hours in peptonized milk. March 24th, she was discharged cured.

CASE III.—SKIN GRAFTS HEALED IN 6 DAYS, WITH BLOOD.

Arnold, L., aged 24 years, German. Diagnosis, wound of the left cheek, the result of being thrown from a street car. Patient admitted to hospital March 10th, 1902. The wound was filled with gravel and dirt, and involved almost the entire side of the face. A space in the center of the cheek, 2 by 1½ inches, was completely denuded of skin. In this case it being desirable to have the wound heal rapidly and with no evidence of scar, I determined to use grafts of normal skin sufficiently large to entirely cover the denuded surface. These grafts were secured from the patient's arms. The wound was dressed as in the other cases; the dressing being kept wet with bovinine. March 17th, the dressing was removed, and the wound was entirely healed, leaving no evidence of a scar whatever; but around the periphery there was some decided redness. This is probably the most rapid case of healing of this class on record.

CASE V.—GREAT 12-YEAR OLD ULCER HEALED WITH APPLIED BLOOD, WITHOUT SKIN GRAFTING.

Mike L.; age 57, Irish. Diagnosis, ulcer of left leg. Admitted to hospital March 3, 1902. This condition was of about 12 years standing, and during that time had never entirely healed. He had been treated at various hospitals and at various clinics and by private physicians, but said that he got no special relief. The ulcer was a large one situated on the calf of the leg, being 4 by 3¾ inches. It was covered with unhealthy granulations which exuded a foul-smelling purulent discharge. The surface of the ulcer was thoroughly cleaned up with a dermal curette, and dressed with a wet Thiersch pack. This was kept wet and not changed in 24 hours. At the end of the 24 hours this dressing was

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removed, the wound thoroughly cleansed with bovinine and hydrozone reaction, followed by Thiersch irrigation, and dressed with bovinine pure. The bovinine dressings were changed twice in 24 hours, and the patient got a wineglassful of bovinine internally, every three hours. March 23d, the ulcer had healed with the exception of a small space at the upper periphery. This was touched up with a 25 per cent. solution of pyrozone, and dressed with bovinine pure; the dressings being renewed twice in 24 hours. March 30th, the patient was discharged cured; the ulcer having become covered with healthy skin, and no scar tissue, it being almost impossible to tell it from the surrounding skin, the only difference being that it was a little redder.

CASE IV.—VIOLENT ENDOMETRITIS CURED BY APPLIED BLOOD, WITHOUT CURETTAGE.

Florence B.; age 30 years; American. Diagnosis, endometritis. Patient admitted to hospital March 2, 1902. She was greatly anæmic and emaciated. Was so weak that she had to be carried from the carriage to her bed. Discharge was so profuse that unless proper appliances were used it would run from her almost constantly.

This condition had existed for four years, and during that period she had been twice curetted, but no result or relief obtained. Examination revealed the uterus to be in a highly diseased condition. So much so that I advocated a vaginal hysterectomy, or at least a tohrough curettement. To these propositions both the patient and her friends absolutely declined to agree, and begged that I employ some other treatment. I therefore, without any promise of result, determined to employ bovinine injections and applications. On the 3d of March, after the patient's secretions had been regulated I commenced treatment by washing out the uterus and injecting a solution of bovinine and salt water, two-thirds bovinine and one-third salt water, and tamponing the vagina with bovinine pure. Internally she was given two teaspoonfuls of bovinine every hour in peptonized milk and a little water. The vaginal injections and tamponing were employed twice in 24 hours, up to March 14th. At this time the discharge had entirely ceased and the uterus was becoming smaller. The uterine washings now were employed once in 24 hours and, instead of bovinine tamponings, vaginal injections of the bovinine pure. Internally, the bovinine was increased to a wineglassful every two hours. March 18th, the patient was up, and went for a short walk, and returned in splendid condition. Had gained 4¾ pounds in weight. On March 23d, the uterine injections were discontinued, and the vaginal injections employed one in 24 hours. At this time the uterus had assumed its normal size, and all evidence of inflammation had dis-

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appeared. The patient was looking and feeling splendidly. Therefore local treatment was discontinued. April 1st, she was discharged cured, but instructed to return at intervals for examination and continue the bovinine internally indefinitely. This case was certainly an extreme one and by all gynæclogists an operation would have been deemed, I think, an absolute necessity.

SURGICAL REMINISCENCES.

BY C. F. GOODELL, M. D., FREDERICK, MD.

Almost every bone, muscle and sinew in the human body has been the seat of accident, and a great variety of usual and unusual accidents are recorded in the voluminous annals of surgery. To the surgeon who is prepared to meet any and every emergency, and who has treated surgical cases of almost every description, this short paper may not be of interest. The general practitioner is often called to attend accident cases calling for surgical treatment. He may be able to care for them in the most approved manner or he may have to scratch his head to know just what to do. There are some amusing experiences that might truly be recorded, of work done by physicians, who have no natural talents along surgical lines but who are successful physicians. I myself would hesitate about entering the arena as a surgeon, but I am fond of minor surgical work, and would allow no opportunity to pass which called for a little cutting, bandaging or stitching. My experience has not been at all extensive, but I have had some curious cases. I will relate a few of them: In 1901 I was called to attend a colored man who had been badly mangled by the premature discharge of dynamite while blasting. His right forearm was horribly mangled, both bones broken and extensive laceration of muscles. This man had previously lost his right eye by a similar accident, and on this occasion Providence was kind to him for he received extensive cuts and bruises in the region of the formerly disabled eye. I used every antiseptic precaution in treating the case and was successful in restoring to him the full use of his injured arm. One week after the accident I noticed that the sightless eye was not doing as well as it ought to do, so I made a careful investigation and you may judge of my surprise when I tell you that I found deeply imbedded in the old socket a piece of slate-colored limestone nearly as large as a silver quarter. It had adjusted itself so nicely in the socket that, his skin being black, it had not been detected. After that discovery and removal of stone the case soon cleared up.

A peculiar case came into my hands a few years ago. An engineer

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in a brick yard while engaged in making some repairs had a ladle of hot solder in his hand and poured it onto a joint of cold sewer pipe. The coldness of the pipe made the hot solder splash in all directions. It burned his face very badly and filled both eyes. The solder seemed to flatten on his eye-balls. His eyes were filled with the metal. He had an acute inflammation set up at once and I was afraid he would lose the sight in both eyes, but such was not the case. He recovered the use of both eyes, in time, and is still performing his duties as engineer.

Thirteen years ago I was called to attend a young man with fracture of the tibia in left leg. I bought the appropriate splint of the Levis pattern and used it with good success. Since that time I have had occasion to use that same splint no less than seven times. In fact nearly every case of fracture I have had has been of the right or left leg.—*American Medical Monthly.*

Among the Journals.

X-RAY THERAPY.

We take pleasure in presenting the following from the pen of Dr. H. P. Pratt (*The Surgical Clinic*) not because of any endorsement of the treatment, but for the reason it answers quite a number of letters upon the subject, which we have lately received. Dr. Pratt is quite an enthusiast, but with it all is a close observer and his observations are worthy of careful note: He says:

"X-Ray Therapy and Electro-Therapy are fundamentally the same, and the good results obtained are due to ionic changes in the tissues, or electrolization, the body acting as an electrolyte.

"Over six years have elapsed since the therapeutic value of the x-ray was first discovered, and hundreds of patients have been treated with this force, with varied results, no two experts agreeing on any one method of treatment. It has been somewhat of a go-as-you-please affair, and as only a few had any understanding of the nature of this force, it was hit or miss, and by far more misses than hits. The bulk of the work done in this line has been within the last year. It almost seems now that every physician and electrican who has enough money to purchase an apparatus for the work is posing as an expert, and is treating patients, without the slightest knowledge of, or experience in, this line of work. These supposed experts, after six or eight weeks of experimental work, send reports to medical journals with pictures taken before and after of a patient that they succeeded in curing of "lupus"

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or "epithelioma," when in fact all the time they were giving potassium iodide. On the other hand when they come across a genuine case of lupus or cancer they fall down. This kind of work is what has given a black eye to x-ray therapy. In the hands of a genuine expert, (and these are very scarce) excellent results can be obtained.

"We must not be carried away with the idea that the x-ray is a cure-all. If we do, we will very soon discover our mistake. It has its field of usefulness, and a very great field it is too. We also must allow time for recurrences, for we will certainly have them. But if all the reports published in the different medical journals, both here and abroad, prove to be correct, then there must be a radical change in some of our surgical procedures. Time will tell.

"I believe it was the celebrated Dr. Agnew who said, 'I do not remember a single case of cancer operated on by me that was cured.' Since then a number of surgeons have expressed themselves in a similar manner. Now if this is true why do they operate? They say it is simply to take away the mass of infectious material, to prevent further absorption of the septic mass, to prolong life, not to cure the disease.

"So long as the knife is used, so long we will be kept in ignorance of a rational treatment. If the surgeon would refrain from cutting until it is necessary then it would give an opportunity for the study of other methods. I am not posing here as a surgeon, nor do I claim to know any more than the average practitioner about surgical procedure, but I have some knowledge of x-ray theraputics, having in the last six years given over 25,000 treatments.

"The force from the x-ray is electric in character and of a very high potential. It acts on matter in the same manner as any electro-motive force, that is to say, it produces a dissociation of molecules along its lines of force, meaning ionic changes or electrolysis. All substances through which the x-ray passes form part of the x-ray circuit. The body is part of the x-ray circuit, and is an electrolyte. I want to say right here that the x-ray is not of itself and directly any more a germicide or bactericide than the sun. We depend upon the ions liberated through the electrolysis of the tissues and contained materials, which bring about a splitting up or decomposition of the bacteria or the cancer cells. This is why it is very essential to properly feed your patients and give them the class of remedies which are active and readily decomposed, so that the free ions will attack and decompose the bacteria, or assist in destroying the cancer. My theory is that in the body, which is composed mainly of 15 of the 80 odd elements, each element is an independent center of force; that it is the association of one element with another which gives us all form of matter known as compound; and that all

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physiological changes are due to the difference in the electrical pull of the ions; and that when the x-ray is applied to the body it decomposes the compounds into their elementary structure, and recombination takes place in the direction of the stronger electrical pull. This theory of the difference of electrical pull was advanced by me and published in *The Alkaloidal Clinic*, November 1899, and in the Annual of Eclectic Medicine and Surgery, Vol. 6, 1895.

I do not question that the x-ray is antiseptic; but it is not a germicide or bactericide unless there are enough ions liberated through electrolysis to bring about a decomposition of the bacteria or the cancer cell. In the bacteriology of Lehman and Neuman on page 29 is given the chemical composition of bacteria, which is almost identical with that of the tissues of the human body. It is highly probable that the composition of the protozoon of cancer is similar.

The theraputic properties of the x-ray may be summed up as follows: First: The x-ray through the liberation of the ions, hastens physiological changes, or metabolism, causing a temporary rise in temperature and an increased elimination of waste products by the lungs, skin and kidneys, at the same time increasing the activity of the phagocytes. Second: The x-ray is an antiseptic due to electrolytic changes thereby producing ozone. Third: The x-ray is a germicide and bactericide only through the liberation of the ions (which is electrolysis) along its lines of force.

The x-ray treatment is not the only electrical treatment used for cancer, but I think in time it will be more potent than the other method. The well-known Parsons' method, which has been in vogue for the last few years, seems to be very effectual and has, in comparison with the knife, a less number of recurrences. It consists in passing a heavy current through the body of the cancer by means of platinum or gold needle electrodes for several seconds. It is known sometimes as the flash method. The patient must be under an anesthetic, as the treatment is very painful. A current of from 300 to 600 milliamperes or more is used. It is not strength of current that kills the cancer cells; it is the current density, corresponding to an increased number and concentration of the lines of force within a given space. Wherever the lines of force strike the cancer even with a reasonably weak current it will decompose that portion of the cell. This is accomplished much more readily by the x-ray, as there are a large number of lines of force thrown off from the tube.

The reason why the Parsons' method is not practiced more is because it requires an expert electrician to manipulate it, and it is painful as well as dangerous.

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During the excitement following the discovery of the x-ray, and especially after its therapeutic properties were discovered, I was flooded with inquiries relating to its use. I at that time had material to work on, so on April 13, 1896, I placed under the ray two patients suffering with cancer of the stomach. I did not expect marvelous results, in fact I did not know what to expect. I treated them daily for over four weeks and was surprised to find out how quickly the x-ray relieved them of pain. One of the patients had hemorrhage every three or four days. They ceased after the third treatment. These patients came to me without the knowledge of their physician whom afterwards they consulted. He advised immediate operations. In all probability they were operated upon and are dead by this time. It was impossible at that time to secure other patients suffering with cancer, for every surgeon advised an operation as giving the only hope of relief, so it was not until later in the year that I managed to treat a few private patients who would not be operated on and who were referred to me by their family physician. In April and May, 1896, I treated quite a number of patients suffering from tubercular troubles, namely, pulmonary tuberculosis, and tuberculosis of the glands, joints, etc.; some of whom died and some are living today. Some of the cases were reported by Dr. Finley Ellingwood in the *Chicago Medical Times* of July, 1896.

From the fact that these and other cases have already been published I will confine myself now to a few typical cases since that date.

On June 8, 1896, Dr. John B. Murphy of Chicago referred to me for treatment a patient suffering from lupus vulgaris, with the following letter: "Why are you trying to treat pulmonary tuberculosis before you undertake to treat the simpler form, that of lupus vulgaris?" The patient continued treatment for about three months when she was discharged as cured. This is without doubt the first case of lupus treated and cured with the x-ray.

On October 21, 1896, Dr. Finley Ellingwood referred to me a patient suffering from tuberculosis of the kidney. She was discharged cured by the doctor in about four months. There was one thing peculiar about this case, that after each treatment the patient had quite a severe hemorrhage from the kidney. I learned through Dr. Ellingwood a short time ago that she is in good health, absolutely well.

Miss A. was referred to me by Dr. Ochsner, the family physician being Dr. John Bartlett of Chicago. The patient was operated on by Dr. C. W. Johnson at the Swedish Home of Mercy, on Nov. 20, 1900, for what was supposed at the time to be an abscess of the bone. A microscopical examination was made at the Rush Medical College, and the slides are in possession of Dr. C. H. Parks with diagnosis that it was

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a small round celled osteosarcoma. The x-ray treatments were given three times a week from Jan. 12, 1901, until March 12. She left the hospital on March 14th, was taken home, and sent from there to the Passavant Memorial Hospital. March 26, 1901, the limb was amputated by Dr. Fenger, and on June 27, 1901, another operation was performed. The patient has fully recovered and there are no symptoms of any recurrence of the sarcoma. The question is whether in this case the success was due to the method of treatment, first using the x-ray as we did for a certain period of time, then following that up with an operation, with treatment after. All the surgeons that examined the case and followed it up from the first agreed that if it had not been for the x-ray the patient would not have lived; and even Dr. Fenger, I understand, concurred in this opinion.

I have under treatment a number of cases of sarcoma, two or three of which have been cured, but they were taken in time. Another has been under my treatment for over six months; she is no worse and I think she is getting a little better. The surgeon that referred the case to me for treatment informed me that if it had not been for the x-ray she would have been dead before this, and if he had operated it would have recurred and death would have followed very closely.

Now by utilizing the x-ray, and with the judicious use of the knife, we may be able to control malignant troubles heretofore incurable. I think that if we take for instance carcinoma of the stomach, treat it with the x-ray for a certain length of time, operate on the patient for the septic mass which has been destroyed or partially destroyed in order to prevent further absorption, and use the x-ray afterward for a period of several months, we may be able to cure internal cancer. The object of the operation is to take away the mass of septic material which is poisoning the system. This will also hold good in all the other cases where a mass of septic material is present. I will say here as a final conclusion that all superficial cancers, as well as lupus vulgaris can be successfully treated without the use of the knife. I am very much inclined to think that it is advisable on all deep cancers to use the x-ray and then follow up the treatment with a radical operation, following this with the x-ray for several months. It is necessary in all cases whether of a tubercular or malignant type, to give the necessary medicine to assist nature in supplying her with sufficient material to assist the x-ray to do its work. In the treatment of tubercular glands, I am in the habit of using a celuloid cream with a 10 per cent. solution of creosote to be applied to the gland. This celluloid cream is an invention of Dr. Alexander Weiner of this city, and takes the place of collodion as a form of dressing in treating tubercular cases. Where there is a persistent

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cough a 5 per cent tincture of opium in combination with the creosote can be used. The x-ray facilitates the absorption of the remedies. This is known as cataphoresis.

Clinically the effects of x-ray treatment of a malignant tumor are as follows:

1. Relief of pain.
2. The growth of the tumor ceases.
3. The edges and surface soften.
4. It decreases in size.
5. Adhesions are reduced so that the tumor becomes movable.
6. The whole mass becomes elastic to the touch, softens and
7. Gradually disappears.

During treatment by the x-ray a metallic screen should be used large enough to protect both patient and operator from any injurious effects of the rays.

MORE THINKING AND LESS BELIEVING.

We commend the careful reading of the following editorial from the *Medical Brief*. The only use for brains we know is that they may be exercised in the art of thinking. Hahnemann, when a boy was taught first to think and second how to think. Upon that foundation he erected a school of medicine, but had he been like most men of his time and a lot who have followed, Homeopathy would still be unborn. Because, Dr. Osler says that a physician who cannot cure malaria with quinine is unscientific, does not make it so and after years may prove Osler unscientific and beside his *ipse dixits* are not like the laws of the Medes and Persians. Here is the editorial:—

"Skepticism is the first stand made by the intellect in its search for truth. Skepticism has its value. It leads men to inquire, to investigate, to sift, weigh and consider, instead of accepting things blindly. The skeptical man looks at both sides, puts them in the balance of judgment, with common-sense, reason, experience in the scales.

"The natural believer, is apt to be credulous, gullible, venerating authority unduly. He is easily made an instrument for propagating fallacies, and if he is headstrong and dogmatic, it will be very difficult to convince him of his error.

"This is an age of impractical theories. The English language groans under a heavy burden of perfectly useless, some of it dangerous, literature. The mass of people are just beginning to study the problems of life and to ask for remedies. The result is an immense supply of

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half-baked ideas, ill-digested theories, which set up a terrible fermentation in the minds of their readers.

"Men in the vanguards of knowledge and progress, whose business it is to get at the truth, must do more thinking and less believing. Physicians, for instance, must not blindly accept a fad or promulgate a plausible argument. They must allow for the heat of enthusiasm, the pride of discovery, the partisan feeling of the promoter, the possible axe to be ground. They must ask: Is this thing reasonable; does my knowledge and experience endorse it; can it be demonstrated beyond a reasonable doubt?

"The skeptic makes allowance for the shrinkage of ideas. New ideas are much like green timber. They are bound to shrink in the testing, sifting process of time. The skeptic intuitively discounts the shrinking process. Fads do not capture him because he proceeds to salt them down with logic, reason, common-sense. He takes it for granted creation cannot be made over in a minute or a universal panacea be suddenly discovered. He has sufficient knowledge of natural principles to analyze a fad. If some one really has discovered a new application of truth—well and good—let him demonstrate it. The skeptic holds his enthusiasm in reserve for the actual, not the merely novel.

"Let us have more thinking and less believing, and above all, finer perception. That is the gift of gifts. Thinking is a slow and cumbersome process, indeed, compared with perception, but it is not rash like unquestioning belief."

THE PASSING OF THE PRECEPTOR.

Our readers know from what we have often said of our old Preceptor that we look upon him and his memory as something worthy of adoration if not reverence. His ability to lead in prayer-meeting, to advise regarding the best horse at the county fair, his method of dealing with different people, some kind and gentle, others brusque and dictatorial, others still in a differeut manner gave an opportunity of watching tact in his work. It is evident the same idea occurs to Dr. Edwin Ricketts (*Charlotte Medical Journal*) for he expresses himself in the following manner under the above heading:

While the demands in the required scientific preparatory and final courses are considered amply adequate for graduating students in medicine, it is unfortunate that the preceptor is no longer looked upon as an important factor in the best building of any foundation.

He was a primary and local medical student overseer. Today he is

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an announced figure-head, for his name only appears in the catalogue of this or that college, which simply shows that he has sent one or more students. Many times his name, as preceptor, is given the institution which the student enters. There were grave responsibilities resting upon the shoulders of the old preceptors in advising any young man to read medicine. By this undesirable candidates were prevented from taking up the study of medicine.

How different today?

He graduates from a college or academy in June to enter a medical college the following October, not even having the duties of one physician toward another explained to him.

Frequently is it that he enters medicine as one entering the mercantile field, for the greatest financial gain.

With many a young graduate no responsibility has been laid on him until he has served the prescribed four years at a medical college, unless it be that he has been a house surgeon for eighteen months, attending the poor in some hospital. From this charity service he is in great danger of becoming in his house to house work dictatorial in manner, to find that private patients cannot be managed by arbitrary hospital rules, as charity patients.

Those who served under a preceptor who was a competent physician and surgeon for one or two years previous to graduation, was to gain soon that which is of the greatest value.

It was through him that he was taught how to bring forth his greatest tact, in consideration, in gaining confidence and in the successful management of each individual case, to a desired or fatal issue.

It was here that the importance of the highest type of professional integrity was impressed upon him; it was here that he was first and given best to understand that professional secrets were to be held sacred by him.

To the average graduate of this day such is a new lesson which must be learned and for the late learning, there is to be many failures that do not come so often to those who learned the lesson earlier and under an honored preceptor.

DIGITALIS.

Dr. W. N. Mundy (*Electic Medical Gleaner*) presents a most interesting study of Digitalis. As he states, no class of remedies are more frequently abused than heart remedies. Let a patient call upon a physician and he, if the patient has some heart difficulty will give digitalis, strophanthus, cactus or lycopus, without reason, be he allopath, homeo-

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path or eclectic, and the patient goes down hill, sometimes in a gallop. sometimes more slowly, among the different doctors each ringing the change upon one of the four great heart remedies. A clear insight into the action of digitalis is given in the following:

"The study of heart remedies has always been of fascinating interest to me. Yet, I am free to confess that it is still surrounded by a cloud of uncertainty and by more or less empiricism. We believe but few remedies are prescribed with as much uncertainty and, at the same time, with as much recklessness as those whose action is upon the heart. Of these remedies we believe none is so universally and recklessly used as the one under consideration. The patient has some distress, or notices something wrong about the action of the organ, and at once digitalis is prescribed, without any consideration of the nature of the trouble or of the physiological or medicinal action of the drug upon the organ.

The digitalis of commerce should be the leaves of the second year's growth of digitalis purpurea, or foxglove. The plant belongs to the order Scrophulariaceæ. One active principle is digitaline. There are other constituents, but they do not interest the physician, save only in the study of the chemistry of the drug.

"The preparations we use are the specific digitalis and the infusion of the leaves. Digitalis is principally used as a remedy for the heart and as a diuretic. Its chief action is upon the circulatory system. In medicinal doses it increases the force of the pulse, and, at the same time, checks its rapidity and increases the pulse wave. It does this by strengthening the energy of the heart's action, by increasing the systole or contraction of the ventricles and prolonging the diastole. The ventricles thus become filled with blood and contract with more force, and thus empty themselves with greater facility and more thoroughly. This increase of the force of the pulse, and of its volume, are said to be due to the action of the drug upon the cardiac ganglia, muscular fibers of the heart, and upon the arteries as well as upon the vaso-motor centers. The slowing of the pulse is due to the action upon the pneumogastric center and the vagi. When a poisonous dose is taken the action of the heart becomes irregular and dicrotic when the heart's action is said to be tumultuous. Its action is arrested in diastole.

"Digitalis is called both a cardiac stimulant and sedative or depressant. We believe it is more properly a stimulant. It is true that it slows the pulse, but this action is due to its stimulating action upon the muscular structures of the heart and upon the nerves controlling its action. The indications for digitalis are: "An open and feeble pulse, the urine scanty." Again: "Weak, rapid, irregular heart action, with low arterial tension, weak heart sounds, dusky countenance, jugular pul-

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sation, cough and dispnea, edema; anasarca with scanty, high colored urine, renal congestion."

." These indications are typical of a condition of dilatation dependent upon a valvular lesion, and it is in just such conditions of the heart that we find the remedy acts best. Still, in some of these cases it does not benefit, because it belongs to too great an extent the distole. These cases can only be ascertained by carefully watching the action of the remedy. It is the remedy, in most cases of cardiac disease, where the heart fails to do the proper amount of work. In cardiac hypertrophy, when we have the full, strong pulse and laborious action of the organ, it works a positive injury. While it is true that digitalis slows the pulse, it does not have this influence, to any appreciable extent, when the rapidity, depends upon a high temperature. In other words, it does not possess any antipyretic powers of moment. Its medicinal properties are best obtained when the cardiac muscle is normal, or nearly so. It will not slow or quiet the rapid, weak pulse of an acute carditis or pericarditis; neither is it the best remedy in the weak, rapid pulse of cardiac degeneration, as seen in diphtheria and other exhausting diseases. Neither is it the remedy in the tobacco heart nor the irritable, palpitating one of reflex origin. The indications show it to be a good remedy in renal congestion due to a cardiac lesion. In cases where the diuretic effect is desired, it is best administered in the form of an infusion. In other instances we use the specific medicine. Its cumulative action and its irritant effect upon the stomach should always be borne in mind. We have seen it pushed when every dose made the patient vomit, and then the enema was resorted to until a diarrhea resulted. Such dosage is reprehensible, as we possess other heart remedies besides digitalis. It is of some value in pneumonia, and occasionally in the exhausting fevers, when the heart seems to be unable to perform its work. It has also some value as a hemostatic, by reason of its action upon muscular tissues.

" In all cases, when prescribing the remedy, if we bear in mind the indications as outlined above, with some knowledge of the existing pathological condition we seek to correct by it, we cannot go so far astray. It is an almost invaluable remedy when properly used; yet, it is capable of doing much harm when injudiciously used."

DRUG PROVINGS AS A GUIDE IN THERAPEUTICS.

Dr. J. C. Kilgour, (*Ecletic Medical Journal*) presents the above as a subject for the paper which we clip for our readers. With the editors of some of the old school journals demanding the teaching of the dual

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action of remedies and our eclectic friends laying stress upon drug proving it would look as if this work would be taken away from us and performed by others. It, however, is a witness of the truth of Similia. This is what Dr. Kilgour says:

It is an indisputable fact that the blind groping of the empiricist and the blunder of accidents have in many instances led us into the secrets of valuable remedies, just as the quiet musings of the philosopher and the love of study in the field of astronomy have given us an insight into so much of nature's harmonious work, and the beauty of her unchangeable laws. But our most reliable guide in therapeutics is the work of the provers in the medical field, and from these results we have a double line of vision, and from the drug action in force we arrive not only at its mode or manner of manifestation but also at its tissue affinities; and as these actions arouse in the organism all the energies of the body to throw off this disturbing element we see nature's efforts at normal restoration, and the whole theory of disease and cure is laid bare. When we can perfectly understand the art of diagnosis, and thoroughly know what tissue is affected primarily, and the result in tissue changes, we are then prepared to study the remedy, and when we know the tissue affinities and the results of their action, we are armed with a rational knowledge of therapeutics and medicine is then reduced to and classed with the exact sciences, and the physician educated therein will be as practically correct and as infallible as the mathematician, but whether the world will reach that point in the far away future can at present be only surmised. We take for example the well known action of colocynth to illustrate a point, and it will give us at once the double view. We administer a certain quantity or strength and we get violent purgation and severe cramping pain as its effects on the intestinal tract; this gives us its affinities and its manifestation of action and nature's manner or mode of antogonism; now in a few days we meet a case of severe dysentery or cramps of the bowels that affect the patient in discreet paroxysms of regular recurring pain, and we find nature working just as we saw her before, to relieve herself of the influence or effect of colocynth, but she is not equal to the task, therefore we say colocynth is a stimulant to those same tissues as our proving has shown, and we will reinforce nature with just enough to stimulate these parts but not more than stimulate, and so we administer a minute quantity, 2d or 3d decimal dilution, and with the help of this, nature is triumphant. The drug does not have a double action in health or disease or in a larger or smaller dose, but the small dose only reaches stimulation, while with the large dose over stimulation produces such physiological disturbance as to cause disease or paralysis of function and a perverted action. We

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see in the case of quinine, if we administer it in small and frequent doses to the point of stimulation, we have a manisfestation of its action in the typical paroxysm of recurring fever, preceded by the arterial tension and the contraction of the arteroiles, and when the effect is exhausted nature restores the equilibrium by relaxation and profuse sweating, and it is an every day fact that when we see this condition, we administer quinine as nature's helper, for by no other means can we bring about a normal condition. We can't twist nature in a wrong direction and restore health any more than we can force a vine to twine around a pole opposite the course of the sun and make the vine grow.

Medicines which are known as general tonics are a delusion, there is no such thing except food, for if every organ and tissue in a man's body were out of harmony, he would not be living, but when one organ or tissue is out of order, and produces a general derangement, a specific tonic or stimulant will correct it and restore the general harmony, and with that a condition of health or concordant action is regained. There are the problems which when understood will take the practice of medicine from the realms of impiricism and place it as one of the exact science and this is the goal to which all research tends, and should we be permitted to look back upon the earth "a hundred years from now" we may behold it, but a correct diagnosis must be our first corner stone, and then a complete knowledge of materia medica and the thing is done, provided we are also familiar with physiology.

CONCLUSIONS ON THE POTENCY QUESTION.

Dr. Z. T. Miller, (*The Cleveland Medical and Surgical Reporter*) in a very interesting article in which he discusses some conclusions at which he has arrived following twenty-five years of practice, has the following upon the potency question:

"The potency of the drug administered, a question seemingly, as yet, unsettled, is the one that to my mind adjusts itself. Waste time, *not* on the *dilution* but upon the *selection* of the remedy, being sure of the right choice give it in whatever potency you please. Being the right remedy, it cannot be discarded for another, hence, the only thing, if satisfactory results are not reached, is to change the potency, and if we are observant as we should be it will not take long for us to settle the potency question to our individual liking. No man can settle the question who uses combination tablets or alternates. That practice will *forever* prevent its solution, not only that, it robs medical practice of the possible attainment of its subtlest refinement.

"An apt illustration of where potency settles itself occurred during the

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last days of my last year's service in the hospital. One, William, an employe of the hospital, was suffering from enlargement of the liver and accompanying dropsy. I prescribed Chelid. 200x, the train of symptoms calling for it. The day my services ended, William getting no better, I gave an unfavorable prognosis. A Dr. C. C. Rhinehart followed me, gave William five-drop doses of Chelid. tincture and William got well, is now on duty in the hospital. In this case the remedy chosen was right, the *potency* wrong. The conclusion then is that the *right remedy* is the paramount consideration, the *potency* of the remedy a matter for adjustment in each individual case. I must say, however, that my usual practice is to sound the case with the 200th."

THE IDEAL OPERATION FOR VARICOCELE.

The following, clipped from the *Alkaloidal Clinic*, gives an exceedingly easy operation for hemorrhoids, and one which will give satisfaction, not alone to the operator, but the patient as well:

"This operation is performed as follows: After the usual careful preparation and asepsis of the scrotum and adjacent parts, a quadrangular space, about two inches in length and an inch and a half in width, is marked out over the course of the cord and external ring, the quadrangle extending from just below the external ring upward and outward, corresponding to the course of the inguinal canal. This quadrangle is outlined by the subcutaneous injection of a one per cent. solution of cocaine. drop by drop, the fluid being injected slowly as the needle is withdrawn. A few drops of a four per cent. solution of cocaine are now injected along the line of the proposed incision in the center of the quadrangle. Within two or three minutes the operation can be proceeded with. An incision from an inch to an inch and a half in length, according to the stoutness of the patient, is made directly down upon the spermatic cord, the spermatic fascia covering the cord is divided, and its edges held apart by forceps. The cord is now withdrawn from the incision and with it the testis. The vas deferens may or may not be brought into view as the cord is withdrawn. If it is not, it should be sought for and found, and its position carefully kept in mind during the remainder of the operation. The veins are separated and ligated in two places, above and below, with very fine catgut. The less the bulk of the ligature, the better. The included portion of the veins, the length of which necessarily varies to the extent of the varicocele, is excised. The ends of the ligature should be left long, and after the excision of the veins, the separate extremities of the cord should be anastomosed by tying the ligatures above and below. The anastomosis of the cord being com-

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pleted, the cord is dropped and pulled into its proper position by slight traction upon the testicle through the scrotum. The spermatic fascia is now stitched with fine catgut, after which three or four silkworm gut sutures are inserted in the skin wound. An iodoform and collodion dressing is applied, and the patient put to bed. The sutures can be removed at the end of four or five days. The patient is usually up and about in a week."

A FEW APHORISMS ON THE MATERIA MEDICA OF SIMILARS.

It is pretty clearly demonstrated that neither this generation nor the next will reap much benefit from the reproving of drugs.

The value of any given symptom, or of any group of symptoms of any drug must be demonstrated empirically before it can be scientifically proven how effective the drug is in therapeutic use. On this common ground the two schools meet; but with difference: We have a finger-post that points distinctly toward the most probable road to the desired goal; the other party goes it blind.

At the present, every practitioner must to a large degree find out for himself the reliability or unreliability of any given symptom or any group of symptoms in any given drug. To this statement there are a few notable exceptions. These occur in those drugs that have been repeatedly verified empirically, the verifications of which have been so often published that the symptoms have become "reliable."

What is most needed is not a reproving of drugs, but a confirmation; or rather a multitude of re-confirmations, gathered from the widest possible field, and from the greatest possible numbers. Such a course would tend to add constantly to the list of drugs that have passed the tentative stage; in other words such a course would tend to produce a thoroughly reliable and thoroughly practical materia medica.

There will not be in this generation nor in the next any reproving that will be worthy of the name. We are afraid to prove drugs in the way and to the extent necessary for valuable purposes.

It is like volunteering in time of war; only the very patriotic and very thoughtless volunteer. Medical patriotism is at a low ebb. We are willing that our second cousins should enlist, not our sons, nor ourselves. In all these years about reproving where is there a notable instance of success worthy the name? While reproving is difficult, from every standpoint, financial, personal, ability and genius—it is not so with *re-confirmation*. Thousands of intelligent men and women, urged on by hope of financial success, of personal fame, from a desire to gain the bread and butter of daily life, *are every day seeking re-confirmations* with

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all the ardor that their impulses inspire, and no greater motives can be appealed to for aid in this work.

So long as we fail to realize the magnitude of the wastefulness of the present time that lies in neglect to collect, classify, scrutinize and publish these confirmations in a reliable, practical manner, this wastefulness will continue.

Such a plan put steadily into practical use from a small beginning would be destined to great results.

It requires breadth of view, calmness and clearness of insight, patience and perseverance; above all it calls for united effort on a large scale.

It is the only practical road opened to the present generation, or the next—to greatly enhance materia medica.

We have already too many provings, so-called, and entirely too many drugs; at least until we know better the value or worthlessness of what we now have.—M. W. Vandenburg in *Hahnemannian Advocate.*

Materia Medica and Therapeutic Hints.

Apomorphia in Vomiting.—That the possibility of similia similibus being a guide to the curative use of drugs is dawning on the minds of our old school brethren is illustrated by an exeperience during his studentship, related by Dr. Oscar Martiny in the *Revue Hom. Belge* for July. An intractable case of nervous vomiting being under treatment. after all ordinary measures had failed apomorphia was tried, five milligrammes being injected subcutaneously. The effect was decisive.

Articular Rheumatism.—Place your patients under hygienic conditions, confined to bed or in their rooms, give proper amount of fresh air and exercise. The diet should be nutritious, easily digested, and cause as little constipation as possible. Milk is the better, because of its effects on the genito-urinary tract; eggs, meats, depending somewhat on the tendency of the patient; also give those vegetables that are easily digested; as a rule discard sweets, not because the disease is rheumatism, as because the sweets are more difficult to digest. Minimize the starches, because they will not neutralize.—*Medical Times.*

Tannin and Bromin in Treatment of Pruritis.—Joseph in *Med. Stand.*, states that an ointment containing bromin and tannin is of great service in the treatment of all forms of pruritis. The bromin, according to his statement, is used for its anesthetic properties and the tannin for its astringent effects. He prescribes an ointment composed of bromin 20 per cent. and tannin 40 per cent. He states that the action of this

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ointment is increased by the alkaline secretion of the skin, without producing any irritation. He uses as a base a 10 to 30 per cent. jelly.—*Jour. Amer. Med. Asso.*

Cure for Hiccough.—A young girl suffered for four days without cessation from singultus, about thirty spasms to the minute, the attack being due, apparently, to some gastric disorder. When she put out her tongue for a few seconds it was found the hiccough ceased. She was then ordered to stick out this member at regular intervals for a few minutes, at the termination of which only a few slight spasms followed. She was then ordered to repeat, when the singultus ceased altogether, and did not again return. It therefore would seem to be proper to try continuous or rhythmic traction of the tongue in these cases.—*The Family Doctor* (London).

Laryngismus Stridulus.—Of all the adjuncts or treatment ever used, chlorine or chlorine water—that legacy left to homeopathy by the illustrious Dunham, whose name should be immortalized for this one thing alone—fresh and of sufficient strength that the gas can be noticed in the water, given in oft repeated doses of from ten drops to a teaspoonful in a little water, according to necessity of the urgency of the case until its beneficial effects can be seen, has given me quicker and eminently more satisfactory and permanent resultsthan any other drug or adjunct used. In extreme cases dilute the chlorine water with water and use a spray to the throat or larynx.—Dr. E. Lippincott in *Amer. Med. Monthly.*

Cepa in Hay Fever.—Now that the season for hay fever is near it is well to bear in mind this excellent remedy. It acts as a prophylaxis in many cases and should be given, for a few weeks prior to the regular appearance of the attack in two-grain doses of the 30xth every night on retiring. Its chief symptoms are immoderate sneezing, the discharge is profuse, bland or excoriating from the nose and eyes, watery, and especially is it the remedy where there is a dropping of fluid in the posterior pharynk similar to hydrastis. It is often well to continue it through one season, if a slight attack appears. In this way the tendency for the disease to appear every year is overcome.

Antimonium Crudem in Callosities of the Feet.—Dr. A. L. Blackwood in *The Clinique*, thus verifies an old characteristic:

Miss M., aged thirty-nine, came to the clinic complaining of great tenderness of the soles of the feet, which pained her so that she could not do her work. This had been present for about three years. Examination showed that there were large, thick, horny callosities on the soles of the feet, especially close to the toes. The soles of the feet are very sensitive. The distress is most pronounced when walking upon stone

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walks. Antimonium crudum was given the patient at first in the 6x and later in the 12x. It is now nine months, and she considers herself well. The callosities have disappeared and there is no distress when walking.—*N. A. Journal of Homeopathy.*

Picric Acid in the Treatment of Gonnorrhea.—H. D. Brun (*Rev. Gen. de Clinique et de Therapeutique*, June 15, 1901; *Ann. de Dermatologie et de Syphilographie*, September, 1901) says that injections of a 1 in 200 solution of picric acid are often painless, while those of 1 in 100 may cause considerable pain, but are never intolerable. Given with a compressed meatus and so retained for three minutes, and repeated from two to three times daily if they cause little pain, or once daily if they are borne with difficulty, they are said to produce a radical cure of acute gonorrhea in from four to five days; from the first injection the discharge becomes clearer and loses its purulence; it sometimes becomes more abundant, but diminishes and disappears when the injections have been suspended. In chronic gonorrheas that resisted all previous treatment, rapid and final cures have been obtained.—*Med. Times.*

Night Terrors.—The night terrors or fears of children may occur from a variety of causes, and must not be considered as a separate disease, but as a symptom of a number of diseases. This disturbance may be caused from gastro-intestinal irritation; the writer has recently had a case which was due entirely to this cause, after correcting the habits of this child (not allowing it to eat just before retiring, having it kept as much as possible in the open air, easily digested diet, etc.) he soon made a quick recovery, not having any more wild dreams during sleep. Any nervous disturbance, however, when of central or peripheral origin, may produce such profound an impression on the cortical cells of the brain that the child's sleep may be disturbed by a cortical irritation. These symptoms are important, and should always be carefully considered, as they may be the forerunner of some more serious mental trouble. Remedies that may be indicated are—cina, nux vomicaa, santonin, chamomilla, belladonna, and hyoscyamus. — *Home Jour. Pediatrics.*

To Read the Tongue.—So old a thing as the tongue, and so much studied and from so many view points, still presents to many in our profession a constant source of interest and information. The following are a number of clear-cut indications for reading this most virile organ, and which we credit to the *Jour. of Med. and Surg.*

"The perfect tongue is clean, moist, lies loosely in the mouth, is round at the edge, and has no prominent papillæ. The tongue may be furred from local cause, or from sympathy with the stomach, intestines, or liver. The dry tongue occurs most frequently in fever, and indicates a nerv-

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ous prostration or depression. White tongue is diagnostic simply of the feverish condition, with perhaps, a sour stomach. When it is moist and yellowish-brown, it shows disordered digestion. Dry and brown indicate a low state of the system, possibly typhoid. When the tongue is dry and red and smooth, look out for inflammation, gastric or intestinal. Sharp-pointed red tongue will hint of brain irritation or inflammation, and a yellow coating indicates liver derangement. When so much can be gained from an examination of the tongue, how important it is that the youngest child should be taught to put it out so that it can be visible to the uttermost point in the throat."—*Medical Brief.*

Nux moschata.—It is hardly proper to look upon nutmeg as belonging to the group of so-called "hysterical remedies" because it has a deeper action and is capable of producing profound disturbances, but many forms of disease are diagnosed as "hysteria" because the symptoms resemble in a measure those usually found associated with that form of disease manifestations.

Nux Moschata has a paralyzing effect upon the cerebro-spinal nervous system. Secretions throughout the body are arrested or suppressed and many of the so-called hysterical symptoms are attributed to that cause.

There is a peculiar mental state varying from absent minded to bewilderment—a feeling of strangeness—sleepiness and finally stupor. The mental state is vacillating—laughing immoderately—seems foolishly happy and then suddenly changes to sadness with loud weeping. This in turn may give place to an expression of stupidity.

There is a marked tendency to *fainting* with seeming heart failure—cold extremities and extreme *dryness of the mucous membrane.* Mouth is especially dry—tongue cleaves to the roof of the mouth.—Dr. Pierson in *Hahnemannia Advocate.*

Digitalis.—Dr. E. Jugsmith, in *American Medicine* for May 4, 1901, reports concerning the cumulative action of digitalis, in a child, that there seems to be no drug to meet the indications present, except aconite and some others less known, as muscarin. Heart stimulants are hardly to be given to a heart already overstimulated; and he, in the special case reported used with decided success the application of heat. Placing the child in a tent and opening a register near by, the heat was allowed to stream into the tent with the thermometer registering 120°. These hot-air baths were found very efficient, the patient making a good recovery, and he suggests that the warm moist bath will probably be equally efficient. Dr. H. O. Hall, in the same journal for June 20, 1901, notes a rather rare complication or effect of digitalis, namely hallucination. It is usually asserted that digitalis in medicinal doses does not affect the

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nervous system, but he mentions a case in which delirium followed its use, and quotes several from Duroziez, who wrote an article upon this subject. The effect is probably due to an iodiosyncrasy, as it is rarely reported, but the author suggests that when such cases are met the facts should be published.

The Pathology of Arnica.—Says Dr. T. C. Duncan; the pathology of a bruise is that of lacerated hyperemic tissue. Tire, muscular and nervous, approaches it in a mild way. After a long ride, where the muscles have been severely alternately contracted and relaxed, the tire or soreness lasts a long time. The nerves are sore along their sheaths, and the muscles and their envelopes are tender to the touch. Go farther and the muscles become contracted and helpless. Walking can be continued until the person drops from lack of nerve and muscular power to "lift one foot before the other." The muscle is full of post organic matter, and the spine is weak from the surcharged blood. If there is an undue amount of blood about the cord the pressure constricts the cord and renders it helpless. The nerves of sensation are sore, while the motors refuse to work. They cannot. A bruise is the same pathology in a more emphatic way. About the cord the blood vessels are dilated, and remain so; the same is true of the capillaries in the muscles. That is trauma. Like varicose veins, this condition may exist for years. Arnica starts the heart until the capillary dilation is persistent. There is a sense of tire in the tissues of the cord, and that is the reason that arnica, in its effect, is similar to a bruise. Its clinical effect proves that this similarity of pathology, as well as symptoms may be reliable guides for its selection.—*The Advocate.*

The Treatment of Rheumatism by Lemon Juice.—Desplats reviews his experience with this method. The first case that he treated was that of a young girl, who had been attacked primarily with angina, probably grippal. Following this attack she had suffered from acute articular rheumatism. She had been temporarily relieved by salicylate of soda, and then her condition became stationary. At this time the administration of lemon juice was begun. In about eight days there was a marked improvement. At the end of fifteen days the patient was entirely cured, and left the hospital. The second case was treated with salicylates for three weeks without much success, but as soon as the lemon juice was begun the results were the same as in the first case. In fifteen days there was a complete cure. The first case in the second series of cases was treated from the beginning with lemon juice. The results were encouraging, but at the time of the report it was only the ninth day of the treatment. Another case, a chronic rheumatic treated by this method, was relieved of her severe pain. The treatment is

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begun by giving two lemons, this number being increased to four, then to six, and so on till the patient shows a marked improvement, and then the dose is kept uniform at what is considered the effective point.—*Journal des Sciences Medicales de Lille.*

Value of Honey as a Food.—Starch and sugar, when eaten, undergo a digestive change before they are assimilated. In honey this change has been made to a considerable extent by the bees. It is easy of assimilation, and concentrated, and furnishes the same element of nuitrition as sugar and starch—imparts warmth and energy. As a medicine, honey has great value and many uses. It is excellent in most lung and throat affections, and is often used with great benefit in place of cod liver oil. Occasionally there is a person with whom it does not agree, but most people can learn to use it with beneficial results. Children, who have more natural appetites, generally prefer it to butter. Honey is a laxative and sedative, and in diseases of the bladder and kidneys it is an excellent remedy. It has much the same effect as wine or stimulants, without their injurious effects, and is unequaled in mead and harvest drinks. As an external application, it is irritating when clear, and soothing when diluted. In many places it is much appreciated as a remedy for croup and colds. In preserving fruit, the formic acid it contains makes a better preservative than sugar syrup, and it is also used in cooking and confectionery.

In early times, it is said, Palestine flowed with milk and honey, but we have far more today than the people of any age ever had. Honey does not injure the teeth as candies do.—Dr. Holbrook in *Health.*

Sterilized Grape Juice as Medicine.—The grape cure and the cost which it necessitates place it ordinarily beyond the means of most patients. E. Ivanov (*La Sem. Med.*) replaces it with expressed grape juice, which can be taken about half an hour or an hour before breakfast in doses of from four to eight ounces, and which corresponds ordinarily to two hundred or four hundred grams of grapes. The liquid must be preserved in bottles carefully corked, and kept in a cold place. It must be warmed slightly before being taken in order to make its effects more active. As soon as the dose has been absorbed the patient should take a little walk or other exercise. The author has successfully treated in this manner a number of cases of chronic bronchitis, nephritis and intestinal atony. He also employs it with equal success as a general tonic for convalescents from typhoid fever and severe forms of grippe. In two cases of organic heart disease, in one of aneurism accompanied with renal congestion and edema of the lower extremities and abdomen, this grape juice proved to be especially useful by reason of its diuretic action. The author thinks that this juice can be advan-

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tageously substituted for the grape cure, not only because it is more convenient, but also because it is exempt from the ordinary objections to grapes, namely, irritation of the teeth, of the mucous membrane of the mouth and occasionally of indigestion from fermentation after eating the fruit.—*Medical News.*

Conditions of Stools in Infants.—Much may be learned by a careful inspection of the stools of infants with reference to increasing or diminishing the various kinds of food. The normal infant stool is smooth, yellow, homogeneous and about the consistency of thin mush. The following may be considered abnormal types:

1. *Green Stool.*—Stools can only be considered green when that condition is evident immediately upon their passage. They are due to a fermentation, which is doubtless the result of bacterial action. All stools become green a certain time after passage, caused by oxidation of the air.

2. *Curdy Stools.*—Curdy lumps may be produced by undigested casein or fat. The former are hard and yellowish, while the latter are soft and smooth, like butter.

3. *Slimy Stools.*—These are the result of catarrhal inflammation. When the mucus is mixed with fecal matter, the irritation is high up in the bowels, but when the flakes or masses of mucus are passed, the trouble is near the outlet.

4. *Yellow Stools.*—Are seen in depressed nervous conditions, especially in the hot days of summer, when the bowel is relaxed, and the inhibitory fibres of the splanchnic nerve do not act to advantage.

5. *Very Foul Stools.*—Are caused by decomposition of the albuminoid principles of the food.

6. *Profuse, Colorless, Watery Stools.*—With little fecal matter, are doubtless caused by an infective germ, akin to that of Asiatic cholera. This is known as cholera infantum.

It is rare to see one of these types by itself. With the exception of the last, they may be seen in all combinations.—*Chapin, Jour. Amer. Med. Association.*

The Public Life of the Russian Physician.—Russia is the country of martyrs and idealists. The youth, who after 8 years of general preparation in the gymnasium enters upon the study of medicine, is generally imbued with high social ideals. Having finished his medical education in 5 years, he will, according to his disposition, circumstances and environment, become either what is sneeringly called a "careerest," or a highminded, scientific and public-spirited practitioner. In the former case, he will get married in consideration of a dowry, ranging anywhere from 5 to 20 thousand roubles, settle in some provincial town and enter into social life. In the latter case, he will take special courses abroad,

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become physician to some *zenstwo* or city, take a deep interest in sanitary matters, gain representation in the hospitals, direct and mould public and professional opinion and, if need be, sacrifice his life in fighting an epidemic. Such are the physicians who are at the wheels of medical progress in Russia. Of late years a movement was set on foot under the influence and control of the medical profession for the education of the masses in matters pertaining to hygiene, sanitation and infectious diseases. While still in its infancy, a great deal has already been accomplished. Popular treatises on these subjects, especially on venereal diseases and alcoholism, are published and distributed among the people. Popular lectures are delivered on physiology, elementary anatomy, natural sciences and hygienic subjects. The lectures are delivered by school teachers and physicians and are illustrated by charts, lantern slides, etc. In some public schools, the curriculum includes hygiene and sanitary science, while a number of gymnasiums have medical men in their faculties. Considering the drawbacks under which our Russian colleagues labor, the work so far accomplished attests to their unselfish devotion to the best interests of their profession and to the cause of humanity. Their example is certainly worth emulating.—*Philadelphia Medical Journal.*

Diet in Gastric Catarrh.—The regulation of the diet constitutes a most important matter in the treatment of gastric catarrh. Patients with catarrh of the stomach should never eat to satiety, but should cease at the first sensation of fulness. There should be sufficiently long and regular intervals between the meals. Beverages should be lukewarm, and strong alcoholic and carbonated drinks should be prohibited. Proper care of the teeth and sufficient mastication are essential. We forbid hard-boiled eggs, stringy meat and all meat and fish which are too fat. Soup from red meat is unsuitable, but this is less the case with clear bouillon from the flesh of fowls and veal. Unirritating and yet nourishing meat products are gelatinous soups and jellies and fat-sparing gelatin.

The manufactured foods, such as pepton preparations, nuttose, somotose, etc., can be used with advantage. In the other class of ailments stand the products containing carbohydrates—vegetables, fruits, and legumens. Their digestion should take place easily under the given conditions, because in catarrh the HCl is lacking. All fresh bakery products are to be avoided.

Vegetables should be cooked in salted water without much fat. Those of the cabbage family are to be avoided. The same applies to the legumens. On the other hand, a good food, though when long con-

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tinued not very acceptable, can be made from the so-called leguminous meals, which are now often to be had in the shops.

Milk, theoretically, should be the best food of all. It is, unfortunately, not tolerated by many, or can be taken only a short time. To live on milk alone requires a much larger quantity than the capacity of the human stomach permits. Still, milk, by adding the milk-powder, that is, milk evaporated and pulverized, gains a higher nutritive value.

Important as is a proper diet, equally important is it to return to the usual diet at the proper time. Most patients are, indeed, ready and eager to return too soon to their old diet. Still, there are those who by following out a restricted diet for an unnecessarily long time have been so weakened that their original gastritis has at last developed a nervous dyspepsia or a state of universal debility which can only be corrected by a positive change of regimen.

Cardius Marianus in Liver Affections.—The following case from the German gives strong evidences of the value of this drug in such cases:—An old miner in the gold mines of Bockstein suffered from the so-called "Bergsucht" (miner's disease). His chief symptoms were: earthy complexion, eyes dim, hardness of hearing, mucus coating on tongue, loss of appetite even for his favorite food and tobacco; great dyspnea and palpitation an going up hill; spleen and stomach distended; much wind eructated, constant borborygmus, constipation alternating with diarrhea, but the latter most frequent, evacuations grey, urine scanty and pale, skin dry as if withered, great weakness, pulse slow and weak. Especially remarkable was the disposition of this man. Formerly cheerful, he is now joyless and apethetic; the most important events he took no notice of. I gave him tinct. card. mar., a few drops four times a day. I was unable to effect any alteration in his food, drink or regimen. A month after this he returned looking much better. On asking him how he was, he replied: "You have made a new man of me." Almost all the former symptoms had disappeared and given place to the opposite. His complexion was fresh, his eyes sparkled, he was cheerful, wished to live and work, had good appetite, motions brown, more urine passed, pulse normal. He said he now for the first time knew what it was to be well, and he remained so for many years. He had a relapse which yielded speedily to the cardius marianus.

A brewer's man who lived six miles from me and was suffering from ascites caused by infarctus of the liver asked me for a remedy. I inferred liver disease from the following description of his symptoms: yellowish-brown complexion, yellow furred tongue, bitter taste, anorexia, constant thirst, hardness in right hypochondrium, frequent eructation of wind, chronic constipation, scanty brown urine; had been in the habit

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of drinking much beer and wine. I sent him a bottle of tincture of card. mar. (10 grammes), of which he was to take four drops four times a day. A week later I was informed that the patient, thinking the medicine was meant as a purgative, drank up the whole contents of the bottle at once, as he thought a few drops would have no effect on his sluggish bowels. Well, he did not die; on the contrary, he recovered completely from the dropsical affection in a few weeks, and most of the other symptoms disappeared also.

A housekeeper, aged 45, of choloric temperament, had formerly suffered from her kidneys, and on account of want of appetite had for long been eating but little, and as she suffered much from the heat of the kitchen had only drunk beer. She was suddenly seized with oedema, which in eight days obtained a great height. Her complexion was yellowish green. Her eyes were hardly visible, arms and legs felt like boards, hepatic and splenic regions painful, urine very scanty, brown colored, bowels disposed to diarrhea, stools whitish grey; she was much troubled by eructations (inodorous); respiration and circulation normal. I gave her nux vom. 6 one-drop three times a day, but as there was no change after three days she got two drops of tinct. card. mar. four times a day. The effect was astonishing. From day to day the swelling diminished and with it the other symptoms, and in twelve days she was perfectly cured and remains so to this day, fifteen years afterwards.

Tuberculosis.—Dr. B. K. Rachford in the *Archives of Pediatrics* for December believes that the keynote of treatment of tuberculosis in infancy and childhood is to maintain nutrition by a proper diet. As the importance of nutrition becomes more and more paramount the younger the patient and in artificially fed infants, the problem presented is one of the greatest difficulty. Milk and cod-liver oil remain the foundation-stones of the treatment, and the next most important agents are fresh air and sunshine. The fresh-air treatment of tuberculosis is, he thinks, even more important in the infant and child than in the adult, and if faithfully carried out will give better results. He especially insists upon the great value of guaiacol in the treatment of tuberculosis in infancy and childhood, and believes that it far outclasses all other drugs in this condition. He recommends its use by inunction in the form of this prescription:

℞ Guaiacol.....3 1
Lanolin.....3 4
Lard.....3 4

One level teaspoonful to be rubbed into the chest at bedtime each day. He has used this prescription for eight years in these cases in infancy and childhood, and is convinced of its great value. Guaiacol is one of

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the few drugs which when applied to the skin is rapidly absorbed by the lymph-channels and so carried into the general circulation. Its great value in the treatment of lymphnode tuberculosis in infancy and childhood probably depends on the fact that by inunction it can readily be brought into contact with the diseased lymph-nodes and so act as a lymphatic antiseptic. While of great value in children, it is of comparatively little value in adults, because in the first place the lymphatic glandular system is more active in the child, and in the second place adult tuberculosis is as a rule not that of the lymph-nodes. In acute tubercular conditions he directs that a level teaspoonful of the ointment be rubbed into the skin over the abdomen and chest night and morning for ten or fifteen minutes, after the fever and symptoms have been controlled, then two or three times a week as long as may be necessary. In tubercular peritonitis the good results are equally evident, and when the active symptoms are in abeyance he frequently substitutes the carbonate of guaiacol internally for the inunction. A mixture of the carbonate and milk sugar is readily taken by children, and it is especially valuable in the treatment of intestinal and mesenteric tuberculosis.—*Cleveland Medical Journal.*

Arnica, The Mental Symptoms of.—Arnica is full of mental symptoms: Fear—of instant death—of some impending danger—of being overwhelmed with excitement—emotion or horror. He is full of irritability and very obstinate. He will do nothing in his own acute illness that you want him to do; will not tell his symptoms; will tell you to go home, he did not send for you and does not want you. But as soon as you show signs of leaving and turn your back upon him he will begin to moan and cry and complain of being left to his fate. This is the ordinary type. I have seen a patient with malarial fever stop in the midst of his chill to tell me to go home; that he did not send for me; that he did not want me. The patient is liable to become delirious, very closely resembling those who have been drinking until violently drunk and then try to sober up. They must then drink some more and finally end in delirium tremens. When the arnica patient once gets into a sleep it is very difficult to arouse him, and when aroused he does not know where he is. He tries to think what he is expected to say and is sure to wind up by saying something that will indicate his irritability or his obstinacy. On being aroused he forgets what he wanted to say. The words that would express his views will not come and it makes him angry and he turns over and says something outlandish.

In the text there are a number of symptoms that point to grief. Results from fright, anger, excitement, emotion; susceptibility to shock. Mental or physical exertion disturbs and aggravates his symptoms.

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"All occupations have to be relinquished for the time, so great were the sufferings." Inability to perform continued active work. "Easily frightened; unexpected trifles cause him to start," and for some seconds he is not able to pull himself together sufficiently to tell where he is at; hence we say "confusion of mind" is a characteristic. In the first few days of typhoid fever the patient may have that sore bruised feeling that we have described, the confused mental state in all the zymotic conditions; stupid; benumbed; if aroused he can't think of what he wants to say; very irritable and stubborn. Most of the attacks come on by vomiting of blackish water. He is so sore that he cannot lie long upon any part of the body. These are general Arnica symptoms. They stand out in such bold relief that they distinguish Arnica from the rest of the materia medica. We get no such combinations anywhere else.

There is a general aggravation of the symptoms at night; on closing the eyes he seems to suffer all over; feels that he will become insane; becomes wild, dizzy. Everything seems to go around if he closes his eyes, and becomes sick. During the wakeful moments the center of life and of all movements of the body is in the cerebrum. But when sleep is needed the activity is transferred to the cerebellum; hence persons who have diseases of the cerebellum suffer when they are asleep but not when they are awake.—DR. J. T. KENT in *Hahnemannian Advocate.*

Ferrum Phosphoricum.—In subacute laryngitis this is the first remedy which Dr. Ivins uses. He believes it controls the inflammatory condition and holds in check the further progress of the disease. Dr. Houghton says, "It enables singers to control the voice in its entire compass, by holding a disc in the mouth for a few minutes previous to any unusual effort, when suffering from hoarseness." Dr. Ivins claims to have verified this statement in a number of cases.

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THE MEDICAL VISITOR

WILSON A. SMITH, M. D., EDITOR.
GEORGE R. HENNIG, BUSINESS MANAGER.

JULY 1st, 1902.

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Articles for publication, books for review, exchanges, etc., should be sent to the editor, Morgan Park, Illinois, and all business communications to the Business Manager, 95 Wabash Avenue, Chicago, or Lansing, Mich.

Editorial.

LET US UNITE!

The time has arrived, in the opinion of many, for the amalgamation of all schools of medicine. So much is taught in the earlier years of medical life which is similar in every medical school, and the dividing lines are so narrow. in therapeutics, it is asserted we should drop the distinctive title of Homeopathic physician and step out under the broad title of PHYSICIAN, and uniting our energies with other schools build up a better system of medicine than the world has ever known.

The intense love exhibited by many of the leading members of the allopathic school is so marked that it looks as if we should extend our arms, and or rather fold them, and permit the dominant school to close us within its affectionate embrace. It takes but a very few examples to show us in what an exceedingly favorable light the old school views us. For instance, just to show how deeply they love, and to let our readers fully appreciate what they must surrender, read the following correspondence, copied from the editorial page of the *Hahnemannian Monthly:*

PHILADELPHIA, April 16th, 1902.

John Marshall, M. D., Dean of Department of Medicine, Univ. of Penna.

Dear Doctor:—Seeing the announcement of the Post-Graduate Course in Medicine to be given at the University this spring, I ask you to kindly send me roster and the terms for the various courses. I am a graduate of Hahnemann Med. College of Philadelphia, 1900, and am anxious to do post-graduate work in clinical Medicine and pathology.

Truly yours,

J. R. ROCHESTER.

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To this letter of request for information and avowed purpose of attending the University the following example of good-fellowship was returned:

UNIVERSITY OF PENNSYLVANIA, DEPARTMENT OF MEDICINE.
Office of the Dean, PHILADELPHIA, April 17, 1902.

John Marshall,

Dear Doctor:—In reply to your letter of April 16th, I would say that the post-graduate course, which is to begin early in May, is designed for graduates of regular schools of medicine.

Very truly yours,

To Dr. J. R. Rochester. JOHN MARSHALL.

Across the line, in the State of New York, efforts are being made to induce the Homeopathic physicians to unite with the allopathic county medical societies for the purpose, no doubt of destroying the school.

Less than a month since the staff of a Long Island Hospital, (Allopath) resigned their positions because of the appointment of a Homeopathic staff. This and this and a few other evidences of brotherly love convinces us that it is time to unite.

But brethren, the uniting should be with one another, and not with those who love us but to destroy. Let us unite, do not permit it to be said of those to whom the inheritance of such a rich legacy as Homeopathy has fallen, as it was reported of old Nero, he fiddled while Rome was burning. Let us unite—but to strike in our own defense. If there be a single Esau in our ranks, for Heaven's sake let him go, let him sell his birthright if he will, but to those who have stood in front of battle until the wavering lines of the opposition are almost past re-forming let us continue until a full recognition of what is ours is freely and ungrudgingly given.

As Bartlett says in his editorial, "Surely, the lamb cannot lie down with the lion in safety."

"GIVE UNTO OTHERS."

Prof. John Uri Lloyd, author of Etidorpha, and other interesting works, one of the leading chemists of the country, a man whom to know is to love, has the following interesting contribution (*Eclectic Medical Gleaner*) which we are pleased to present to the readers of THE MEDICAL VISITOR:

"The writing of an editorial for another publication, suggests this paper. There is no doubt that in many cases we are misunderstood as a people, or rather as a sect, and in a way that takes from us a credit we deserve and have earned. We claim that we select or elect the medi-

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cines we use. This in itself, however, is but one step in defining our principles, and it is wrong to rest our claims on this one thing. I do not know any physician of any school of medicine whatsoever who does not elect what to use, and who, according to his best judgment, does not so use them. He selects and he excludes as seems proper. It would be folly to argue that because Prof. Bloyer, who is an eclectic, selects, let us say, rhubarb as a cathartic in a certain case, the members of another school, in using rhuharb, do not select it? And it would no less be folly to say that they have no right to select the best cathartic they know of to answer their purpose. To rest the weight of our school on this one argument of electing or selecting that which is best, neither defines our position nor justifies our existence. It is like describing a four-legged horse as an animal that stands, walks, trots and runs on one leg only.

But my purpose is not to present the principles of eclecticism; others can do that better than myself. My object is to say, yes we do select from others that which is best, and in return we give to others the best we have. My aim is to deny that we are a nest of parasites living upon what others have discovered and have developed, without giving anything in return. We have been fair as man to man; we have delved and dug beneath the earth, and in untrodden fields have culled from its surface. We have taken that which others have proven good, and handed back to them riches that we have discovered. Our materia medica is not a pilfered, stolen collection of other men's goods. It is made up of what we have heired as a right from the world behind us, and have tested and developed further, and to which we have added, as a duty, our mite. Give the regular school in medicine credit for developing such valuable remedies as quinine, opium, potassium iodide, and a host of similar remedial agents that we use. Give the homeopathic school credit for discovering aconite, apis, pulsatilla and others invaluable to us. Then turn to ourselves, and ask if we, too, are not entitled to similar credit for our leptandra, echinacea, baptisia, collinsonia, polymnia, and a very multitude of drugs that, but for us, might be slumbering unknown. Give the regular school credit for its great work in diagnosis of disease, and in anatomical and physiological researches, from which we all profit. Give the homeopathic school credit for its development of the sanitary art in medicine, and for teaching the great lesson in kindness to the sick, and give us credit for the study we have made in specific medication, and the art of selecting the remedy for the indication that cries for that one remedy.

"Give unto others" has been our watchword for seventy-five years, and its companions have been work and search. From all over this great country comes recognition of our patient research. Never before

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did eclectic medicine stand as firm; never before has eclectic medicine been in demand as it is at present. Our physicians find listeners in other schools ready to hear what is to be said; they find questions ready to ask for information concerning that which we have to offer in return for what we have received. Not a physician who reads this paper but can recall how this or that physician of a rival school has been indebted to him for information concerning our materia medica and our medicines. Not a physician who reads these lines but finds eclectic medicine in original bottles on the shelves and in the hands of practitioners of his neighborhood. And not a man who reads this paper but will agree that its title is fair when applied to the eclectic. He selects what is best, and he also gives to others from what he finds best. And, in addition to invaluable drugs, eclecticism has evolved elegant forms of remedial agents and invaluable principles in therapy. These, too, we do not cover under a bushel. Whoever wishes to study our methods has access to our colleges; whoever wishes to employ eclectic remedies can find them in every city in America. As it is a satisfaction for us to thus give credit to the other schools for both their works and their remedies, so it is a satisfaction to be able to commend to them the things upon which we pride ourselves."

"BLENDING OF THE PLANES."

There was a paper published in the *North American* recently which for a jumble of words with no meaning takes the bakery along with all the contents thereof. It seems as if the contributor had somehow gotten the think-wheels in her head mixed up, and apparently a night-mare, which she recollected pretty well and put it on paper; then she hypnotized the sedate editor of the *North American*, and he let it go in without having the least idea of what it was all about.

A single glance at the paper suggests the idea that the author of the paper is long on colors. Says she "The electricals have for their center blue that cools and quiets the excited blood stream. Pulsatilla embraces this law as do other remedies, and the guide to their use is this color scheme."

My, arn't we glad to be living at this time. It is all getting so easy, now, if we can only get on to the combination of colors. That is all we need. Hereafter the medical student needs to know nothing but colors, and his certificate to enter the medical profession must come from an occulist certifying his ability to recognize colors on sight. Burn up the "blamed old materia medics" anyway, and take a few weeks' course with an artist—a house painter will do as well.

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"Do we give arnica or bryonia knowing that they answer to the law of the thermols as fuel to the stagnant stream?" asks the gallant lady writer. Nit, we do not, and there is where we find we are weak. We have been taught a lot of fool stuff about bryonia, which now we wish we hadn't. Stitching pains; better from being quiet, bitter taste with yellowish coated tongue, and a lot of stuff like that. Oh, why did we not know this sooner!

By the way, our head swims, and can anyone tell us where the asylum is? We seem to be colored up by the effort of grasping the deep idea.

"LORD A MASSY!"

The above is not much of a subject to write an editorial about but it will serve the purpose of the ideas which are crowding into the cranium of the editor.

"Lord a massy," is a phrase used for the purpose of expressing contempt, or surprise, or ridicule, by Dr. Wm. E. Quine, in a lecture he recently delivered to the students of the College of Physicians and Surgeons, of which college he is the dean. The subject of his lecture was the Teachings and Influence of Hahnemann, and like his other lecture, Why I am not a Homeopath, delivered at Dunham Medical College, several years ago, is noted for its jargon, its apt misrepresentation, and its illogical conclusions.

If homeopaths ever thought of severing their connection with their own school it would not take many such lectures as the one Dr. Quine delivered to cause them to continue within the folds of the truth—remain homeopathists.

There is a book which says "There are none so deaf as those having ears to hear, hear not," and we wot not but even in the times when that book was written there were men of a like caliber as W. E. Quine. Quine ingeniously quotes from some of Hahnemann's writing as follows: "It is an indubitable truth that the sum of all the symptoms in each individual case of disease is the sole guide to direct us in the choice of a curative remedy." Then, says Quine, by way of explanation, "you needn't bother about etiology, pathology, and diagnosis, and it isn't necessary to know anything about anatomy, physiology, chemistry or bacteriology to be a good Hahnemannian."

This can be answered as follows: Take Quine's position concerning the treatment of diphtheria and undoubtedly he thinks a man is a fool who would refuse to use antitoxin, the specific (sic) in such a case. If it is a specific there is no "need to bother about etiology, pathology, and diagnosis, and it isn't necessary to know anything about anatomy,

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physiology or chemistry," but all you need to know is bacteriology, and own a syringe, to be a good regular! Is not this excellent logic? and, honestly, is it not "answering a fool according to his folly?"

Take any work of the old school and see what is said about etiology, etc., one hundred and twenty-five years ago, and in the light of recent research place any one of their leading lights of those days along side of Hahnemann and see what sort of comparison the two would make. No need to know the cause of disease says Quine, when Hahnemann distinctly states that "if the physician knows the cause of the disease, and is able to remove it, he alone is the true physician."

But take Quine's education of twenty-five years ago and see what he has to unlearn. Less than twenty years ago Dr. Shattuck of the Boston city hospital, wrote concerning the treatment of typhoid fever, "Many practitioners are in the habit of giving six to eight grains of quinine during the 24 hours as a tonic and stimulant to the heart; but to get the antipyretic action much larger doses must be given." Says Osler in his recent work, "The profession was a long time in learning that typhoid fever is not a disease to be treated by medicine." Go back but five years more in the history of the old school and recall the massive doses of quinine, the beginning of the treatment of these cases, with larger doses of mercury, the still greater doses of opium to check the diarrhea, and then take the present time and see which one is right. Some one is wrong. Is it Osler with no medicine? Is it Shattuck with quinine and anti-pyrine? Is it the still older authorities with their massive doses of mercury, quinine and opium? Mark Twain says it's the things you know which ain't so which bothers.

But let us refer to what Hahnemann said about the symptoms; is it not true that prescribers of today, allopath, homeopath, eclectic, of any school whatever is geting away from the naming of the disease and treating the patient? Take any of the latest works on practice of the old school and see if you cannot find something which is but a reiteration of the principles which Hahnemann strongly emphasized when medicine was in its "dark age."

Just to show that the idea of giving drugs in conditions similar to what they will produce get Butler's Materia Medica and read on page 247 arsenic's action upon the skin and then turn over to page 249 and read "Arsenic is a peculiarly efficient remedy in *chronic, scaly skin diseases*, then turn to any of your homeopathic text-books and read, "Scaling off of the skin from the body" is one of the characteristic indications for arsenic.

It is a century from Hahnemann to Butler; there has been great progress made in the knowledge of disease, of its pathology, etiology, its

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course in the past one hundred years, but when that is said you must remember a still greater progress in internal medicine has been made by the allopath when he deliberately gives the same indication for the use of remedies internally as did the founder of Homeopathy. The really mean thing about it, however, lies in the fact that the allopath fails to give credit to the originator of this similia for the exhibition of remedies for internal use.

The spirit of Ananias is abroad to-day, the tendency to tell but a half truth is seemingly as great as it was two thousand years ago, but unfortunately the psychic power which paralyzed the heart then is not doing much as it did in those earlier days or else our friend Quine would be sleeping beside Ananias and Sapphira, his wife. And yet, they tell us there is no need of pathies with such a spirit of misrepresentation. The Homeopath who desires his flag hauled down in the face of such a fire is a coward.

To Dr. Seldon H. Talcott, more than any other member of the homeopathic school belongs great credit for the efficient work accomplished by Homeopathy in the treatment of the insane. His twenty-five years of continuous superintendency of the Middletown (N. Y.) State Hospital for the Insane, marked by a high per centage of cures, the highest of any similar institution in the world, has done for the cause. His work has been the shining example which we have used in efforts to have Homeopathy recognized in other states. It was peculiarly fitting that the close of his quarter century work should be the occasion of a banquet and presentation of a loving cup to him, as a mark of the high esteem in which he is held by his fellow laborers. The best of all lies in the fact that amidst peculiar surroundings Dr. Talcott has remained a consistent homeopathist and his work on Treatment of the Insane will always be valuable to physicians.

News Items and Personals.

Dr. J. A. Hutchinson has moved from Guilford to New Haven, Conn.

Dr. M. J. Adams has moved from West Haven to New Haven, Conn.

Dr. E. L. Styles, of New Britain, Conn., has recovered from a severe illness.

Dr. H. K. Leonard has moved from Deposit to Long Eddy, N. Y.

Dr. Julia F. Fish (Pulte, '01) has successfully passed the examination of the New York State Board, and has located in Batavia, N. Y., where she has a fine practice.

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Dr. G. Percival Bard has moved from Norwich to Stafford Springs, Conn.

Dr. W. H. Faulkner of Walden, N. Y. has purchased an automobile of the latest improved design.

Dr. P. H. Bourne of Salamanca, N. Y., has been appointed a member of the board of pension examiners.

Dr. E. M. Schultz, of Middletown, N. Y., has secured a more commodious suite of offices at No. 97 East Main street.

Dr. J. G. Dawson, of Matteawan, N. Y., and Miss Anna M. Reynolds, of Milford, Del., were united in marriage early in May.

Dr. M. Elizabeth Lawrence (Boston University, '93,) has a splendid practice among the leading families of New London, Conn.

Dr. Willhelm von Gottschalk, of Central Falls, R. I., died in April. He was one of the most prominent homeopathic physicians in New England.

Dr. C. E. Jaeckel of Walden, N. Y., has retired from practice and accepted a lucrative and responsible position with the Prudential Insurance Company.

Dr. Alice Barlow Brown has returned to Chicago, from Buffalo, where she went to take the practice of another physician. She has opened an office at 100 State St.

Dr. J. H. Bennett, of Pawtucket, R. I., has recently purchased and moved into a handsome and commodious residence at No. 162 High street in that city.

The recognition, as a college in good standing, of the National Medical University by the American Institute of Homeopathy was withdrawn at the recent meeting of the Institute.

Dr. William Tod Helmuth died of angina pectoris at his home in New York City on the 15th of May. He was the chief surgeon of the Flower Hospital and a homeopathic physician of national reputation.

Dr. O. W. Sutton of Bath, N. Y., has been appointed postmaster at a salary of $2,500 per year. He also attends to his large medical practice, and is the chairman of the Republican Central Committee of Steuben county.

Dr. A. H. Tompkins, of Boston, recently had a narrow escape from serious injuries in a runaway accident. His spirited team became frightened at a steam roller used in pressing a boulevard in the vicinity of the doctor's residence.

Edward C. Viermeister, a Brooklyn lawyer, has taken legal steps to test the constitutionality of the provision of the Public Health Law providing that no child not vaccinated shall be admitted to the public schools.

The physicians of Syracuse, N. Y., have united in an effort to start a movement against being addressed as "Doc." Their plan is to call attention to the nickname every time

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they hear it and ask that it be discontinued in addressing them.

Dr. William F. Shepard, one of the leading practitioners of the homœopathic school in Maine, died April 12, 1902, at his home, 25 Fourth street, Bangor, Me. His age was fifty-seven years.

East Hartford, Conn., is reported as a good opening for an active homeopathic doctor. It has a population of 1,500 and is situated on the eastern bank of the beautiful Connecticut River, opposite the Capital City of the State.

At the annual meeting of the Clinical Society of Hahnemann Medical College, Dr. O. L. Smith was elected president, Drs. Mary E. Hanks and C. D. Collins, vice-presidents, Dr. McGibbon, secretary, and Dr. J. P. Cobb, treasurer.

The Hahnemann Hospital College of San Francisco has changed its name to the Hahnemann Medical College. The reason for this change was that under the old charter only stockholders could manage the college affairs; now it is under the control of a board of managers, trustees chosen from the profession at large.

The Seventh Annual Meeting of the New England Eclectic Medical Association was held at Hartford, Conn., May 13 to 15. The meeting was very successful and the visiting delegates were given a hearty welcome and cordial entertainment by the numerous Eclectic physicians who practice in the City of Hartford and its suburbs.

The Michigan State Homeopathic Society elected at its meeting held in Mt. Clemens, Dr. Alfred Graham, Detroit, President; Drs. Dean T. Smith, Ann Arbor, and Louise Orleman, Detroit, Vice-Presidents; Dr. J. H. Ball, Bay City, Secretary and Dr. R. M. Richards, Detroit. Treasurer.

The forty-seventh annual meeting of the Connecticut Eclectic Medical Association was held at Hartford, Conn., May 13. The sessions were held in the Allyn House and were largely attended. Many interesting papers were read and several new members joined the flourishing organization.

Mr. R. S. Oliver, our traveling correspondent, denies the rumor that he intends to purchase a half interest in a wooden nutmeg factory, but he admits that he recently took a patriotic interest in Bunker Hill, Faneuil Hall, and various other historical places in the city of Boston.

Impure vaccine virus is said to have been the cause of the death of Lucille Sturdevant, the six-year-old daughter of Mr. and Mrs. Homer E. Sturdevant, of Buffalo. The child died on May 28th after a period of untold agony, following the operation of vaccination performed on her in a public school of that city.

The Wisconsin Homeopathic Medical Association held its annual meeting in Milwaukee, May 21st and 22nd. We understand the meetings were not very largely

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attended. "Too much wandering after strange gods in the fields of the Badgers, too little loyal homeopathy, too much serum-therapy," is the way one visitor put it on his home returning to Chicago.

Dr. Frank R. Warren, died at his home in Worcester, Mass., Feb. 14. He graduated from the New York Homeopathic Medical College, and for years has been associated in practice with his father, Dr. J. K. Warren. He was a member of the Massachusetts Homeopathic Medical Society, and secretary of the Worcester County Homeopathic Society.

As the result of official investigation in the public schools, the Health Department of New York City announces that 18 per cent. of the children have sore eyes, and that the disease is contagious and liable to spread rapidly unless drastic measures are taken to cure it. This disease has been placed on the list of contagious ones by the Health Department.

The three leading members of Jersey City's band of "divine healers" were recently summoned to court to explain the concealment and treatment of small pox patients, which the health authorities say is responsible for the worst outbreak of small pox Jersey City has known in years. Thirteen cases were traced directly to one of the cases treated by the healers, and physicians say they believe the healers to be responsible for the spread of small pox at such a rate that the doctors have been powerless to check it. Three physicians of the health board visited the healers' chapel and fumigated it thoroughly and vaccinated all who were there.

Prof. J. J. Thomspon was elected a member of the faculty of the Chicago Homeopathic Medical College at its meeting in June. We believe the college, rather than Dr. Thompson, is the one to be congratulated, for he is one of the few able teachers in this city. Dr. Thompson is not only a good teacher but a skillful operator, which combined with his therapeutic ability makes him an exceptionally strong man.

The Hahnemann Medical Society at its meeting in Waterloo, Iowa, this year after a few whereases, referring to the changed treatment of the old school towards us and their inviting us to go into their camps passed the following resolution:

Resolved, That the Hahnemann Medical Association of Iowa, in annual meeting assembled, are earnestly opposed to any such action, and second, that we hereby instruct our delegates to the National body at Cleveland to use every honorable means to prevent the consummation of any such plot.

To all of which THE MEDICAL VISITOR says, AMEN.

Dr. J. D. Lance, of Providence, R. I., has moved from No. 21 Broadway to more commodious quarters at No. 27 Broadway. Dr. Lance is a graduate of Cleveland,

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and he recently cordially welcomed our traveling correspondent, Mr. Robert S. Oliver, who found the homeopathic physicians numerous and prospering in the lively State of Rhode Island.

In the Flower Hospital in New York city there has been placed an expensive electrical apparatus, which resembles the searchlight of a man of war. It is known as an actinolite, and is said to be the first complete instrument of the kind in an American hospital. By its operation it is hoped to make a test of the theory that the powerfully concentrated chemical or actinic rays of violet colored light possess curative properties in cancer, tuberculosis and other diseases said to have their origin in germs.

All of the homeopathic, eclectic and old-school doctors of Cortland County, New York, are members of an excellent organization known as the Physicians' Protective League. When a patient refuses to pay any one doctor, he notifies the secretary of the society. That official reports the patient's name to all the other members, and they refuse to treat the patient until he settles his bill with the doctor who reported his delay in paying. The plan works admirably and the doctors say it has greatly increased their collections.

Dr. Selden H. Talcott, superintendent of the New York State Homeopathic Hospital at Middletown died in that city June 15. Dr. Talcott was superintendent of the first homeopathic insane hospital in the world and demonstrated the excellence of that treatment. He was the pioneer in recognizing that insane people were sick people, and in applying the hospital idea of rest, proper diet and careful nursing to aid their recovery he gained world wide fame. He demanded humane treatment for his patients, and under his influence some of the saddest features connected with the terrible malady have been removed. Dr. Talcott had been the head of the Middletown institution twenty-five years. He was born in Rome, N. Y., sixty years ago. He had been ill three weeks with stomach and bowel trouble. He was professor of nervous and mental diseases in the New York Homeopathic Medical College, and was also a graduate of that excellent institution, being one of the brightest members of the class of 1872.

Societies.

Connecticut Homeopathic Medical Society.

The fifty-second annual meeting of the Connecticut Homeopathic Medical Society was held at the City Mission Hall in Hartford, Conn., Tuesday, May 20.

The meeting was largely attended

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and was opened by an eloquent prayer by a prominent clergyman.

The president of the organization, Dr. C. E. Sanford, of Bridgeport, delivered an appropriate and interesting address.

Dr. Hills Cole, of Hartford, the secretary of the society, read the minutes of the preceding meeting. The minutes were approved as read.

A reception was tendered to visiting delegates from several other medical societies.

Dr. E. J. Walker of New Haven, the efficient and popular Treasurer of the organization, then submitted his annual report, which was approved as read.

The assembly then listened to the reports of the Auditing, Executive and Legislative Committees, all of which were of an acceptable kind and showed the society to be in a flourishing condition and that each committee had ably attended to the particular work assigned to it.

The next business attended to was the appointment of committees for the year, which resulted as follows:

Executive Committee—Dr. C. H. Colgrove of Willimantic, Dr. Hills Cole of Hartford and Dr. E. J. Walker of New Haven.

Legislative Committee—Dr. E. B. Hooker, of Hartford; Dr. A. W. Phillips, of Derby; Dr. C. E. Sanford, of Bridgeport; Dr. M. J. Adams, of New Haven; Dr. H. P. Cole, of Hartford; Dr. A. J. Givens, of Stamford; Dr. C. E. Stark, of Norwich; Dr. C. H. Colgrove, of Willimantic; Dr. C. N. Payne, of Bridgeport, and Dr. Hills Cole, of Hartford.

The report of the Board of Censors was then read and approved.

The Committee on new members then reported favorably on the applications of several desirable candidates for membership. On the committee's recommendation all of the candidates for membership were unanimously elected to all the rights and privileges of, and membership in, this flourishing medical organization.

Dr. H. A. Roberts, of Derby, then submitted the report of the Bureau of Materia Medica, of which bureau he is Chairman. Dr. Roberts, in his introductory remarks, announced that the subject for consideration would be "A Study of the Kali Group."

This important subject was divided into six sections, and a paper was read on each division in the following order:

"Kali Iodatum"—Dr. C. E. Stark of Norwich.

"Kali Carbonicum"—Dr. A. W. Phillips, of Derby.

"Kali Bichromicum"—Dr. B. H. Cheney, of New Haven.

"Kali Muriaticum"—Dr. Theodore St. John, of Thomaston.

"Kali Phosphoricum"—Dr. C. N. Payne, of Bridgeport.

"Kali Sulphuricum"—Dr. E. E. Case of Hartford.

On behalf of the Bureau of Practice of Medicine Dr. J. Torrington Black, of New London, announced

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that its chairman, Dr. C. A. Williams, was unavoidably prevented from being present at the meeting, as he had several critical cases to attend to among his patients in New London. Dr. Black then favored the meeting with an interesting paper entitled, "The Dyspeptic Woman."

Dr. T. H. Mann of Montville, who was to furnish a paper on "Bacteriology," was also unable to be present.

Dr. Hills Cole, Chairman of the Bureau of Neurology, announced that his bureau had two papeas to be read before the meeting.

Dr. H. P. Cole supplied the first paper, his subject being "The Relation of the Nervous System to Disease."

The title of the other paper was "Mind and Matter." It was read by Dr. Hills Cole.

Both of these papers were very interesting and bore evidence of careful preparation.

The Chairman of the meeting then announced that the next business would be the election of officers, which resulted as follows:

President—Dr. C. H. Colgrove, of Willimantic.

Vice-President—Dr. C. N. Payne, of Bridgeport.

Secretary—Dr. Hills Cole, of Hartford.

Treasurer—Dr. E. J. Walker, of New Haven.

Board of Censors—Dr. C. E. Stark of Norwich, Dr. A. W. Phillips of Derby, Dr. J. H. Allen of Norwich, Dr. Sophia Penfield of Danbury, and Dr. Theodore St. John of Thomaston.

Members of State Examining Board—Dr. C. E. Sanford of Bridgeport, Dr. E. B. Hooker of Hartford, Dr. E. C. M. Hall of New Haven, Dr. E. H. Linnell of Norwich, and Dr. H. P. Cole of Hartford.

Many of the above officers were re-elected, and some of them have served several terms.

A hearty vote of thanks was tendered to all of the retiring officers.

The newly elected president of the organization, Dr. C. H. Colgrove, of Willimantic, made a brief and appropriate address, in which he thanked the society for the high honor they had conferred upon him. He assured the members of the organization that he would earnestly work to promote the welfare and influence of the society. Before adjournment he announced that an extra meeting would be held at Meriden in October, the exact date of which would be determined by the Executive Committee. Due notice of the date of the fall meeting will be furnished by the Secretary to all of the members of the organization, and it is earnestly hoped that there will be the usual large attendance, as considerable business of importance will come before the society at that meeting.

R. S. O.

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Homeopathic Medical Society of Broome County, N. Y.

The annual banquet and business meeting of the Homeopathic Medical Society of Broome County, N. Y., was held Thursday evening, June 12, at the Hotel Bennett, Binghamton, N. Y.

The meeting was well attended and considerable important business was transacted.

The Committee on new members reported favorably on the applications for membership of fourteen reputable Homeopathic physicians, and all of them were unanimously elected to membership. The principal address of the evening was delivered by Dr. C. A. Ward, a prominent physician of Binghamton.

Brief, informal and appropriate remarks were made by Dr. Elizabeth Corwin, Dr. E. E. Snyder, Dr. A. J. Butterfield, Dr. G. H. Jenkins, Dr. J. F. Roe, Dr. D. H. McGraw, Dr. D. P. Bailey, Dr. C. S. Winters, Dr. L. A. Martin, Dr. S. W. Stoutenburg, Dr. G. F. Hand and Dr. J. B. Bates.

Several visiting homeopathic physicians were present as guests of the society.

Among the visitors were noticed Dr. Greenleaf of Oswego, N. Y. Dr. Merrill of Hallstead, Pa. and Dr. Guy of Greene, N. Y.

After the transaction of some routine business the society proceeded with the annual election of officers, which resulted as follows:

President—Dr. C. A. Ward; First Vice-President—Dr. A. J. Butterfield; Second Vice-President—Dr. C. S. Winters; Secretary—Dr. J. B. Bates.

Board of Censors.—Dr. G. F. Hand, Dr. E. E. Snyder, and Dr. L. A. Martin.

Delegates to the annual meeting of the American Institute of Homeopathy—Dr. J. F. Roe and Dr. L. A. Martin.

A vote of thanks was tendered to the retiring officers for the faithful manner in which they performed their duties.

The members of the society and their guests and the press representatives then did ample justice to the excellent dinner, which was served under the eagle eye and masterly direction of the head waiter of the hotel in which the meeting was held.

The time and place of holding the next meeting was left to the discretion of the executive officers of the society. R. S. Oliver.

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Book Reviews.

THE ECLECTIC PRACTICE IN DISEASES OF CHILDREN, For Students and Practitioners by William Nelson Mundy, M. D., 12 mo., 631 pp., cloth, $2.50 net. The Scudder Brothers Co., Publishers. Cincinnati, O., 1902.

No physician can read this work, who thinks as he reads, but what will be better able to take care of the little ones by so doing. The part devoted to Infantile Therapeutics should be in the library of every physician for it presents the remedies in a manner not easily forgotten. In the treatment of diphtheria, Dr. Mundy does not mention antitoxin, he probably has enjoyed the experience of ourself. In a case near our location antitoxin was used and the child is still sick though more than eight weeks have passed since the attack came on. Rather slow work for a specific. The chapter on the Care and Management of Children is worth the price of the whole volume. In a few words, it is a book well worthy a place in every one's working library.

DISEASES OF THE LUNGS. By A. L. Blackwood, M. D., Professor of General Medicine and Senior Professor of Pysiology in the Hahnemann Medical College, Chicago; Attending Physician to the Hahnemann Hospital, Chicago; Associate Physician to Cook County Hospital; Member American Institute of Homeopathy, Illinois Homeopathic Medical Association, Author Diseases of the Heart, etc. Halsey Bros. Co., Chicago and St. Paul. 1902. Cloth, price $2.00.

Prof. Blackwood has given the profession another one of his practical manuals in the book which lies before us, and in saying "practical," we know of no other word which so fully covers its scope. The essentials, in etiology, pathology, symptoms, diagnosis, prognosis and treatment only are given, and these so lucidly stated as to present the very essence of the subject. A part of this excellent volume, which appeals to the practicing physician, is the tables which appear under differential diagnosis, as these hold out the points which make the separating of one disease from another very easy. There is nothing to be desired from the therapeutic stand-point. Very few men possess the ability of presenting a remedy in such an interesting and instructive manner as Prof. Blackwood, and his indications for remedies in the various diseases are jewels of the first class. It is a volume you will like, because it will often aid you in carrying a case to a satisfactory termination, when the more cumbersome volumes will leave you in doubt.

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Original Articles.

GASTRITIS IN INFANCY AND CHILDHOOD.

BY ROBERT N. TOOKER, M. D., PROFESSOR DISEASES OF CHILDREN CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

Among the numerous causes of gastritis in the early period of life, there is one which seems to me has received too little attention, and yet it has apparently been noticed by nearly all who have written upon the subject.

The underlying philosophy of this etiological factor in the stomach disorders of childhood is quite simple, and I am surprised that it has not been given more consideration.

I refer to the excessive use of cane sugar as a sweetener of baby foods.

The taste for sugar is a natural one. As lactose it is an essential element in human milk, and it is also found in one form or another in combination with other elements in all the foods of man, whether vegetable or animal. In the form of cane sugar it is a toothsome thing, and it is an uncommon child that does not have even among its milk teeth a "Sugar tooth." As a carbohydrate it performs a special function as a heat producer and an energy-maker. We cannot dispense with it either in infancy or old age, or indeed at any time of life. But nature everywhere and always has her limitations, and excess in any direction is subject to penalties. How far the gratification of an inordinate taste for sugar during early life is responsible for the many ills of childhood, it is perhaps impossible to tell, but that it is responsible for many cases of gastritis and other forms of infantile dyspepsia I veritably believe. It is to this one etiological factor that I wish to call attention.

In considering gastritis, whether acute or chronic, we must discriminate between certain purely functional disturbances of digestion of temporary duration; and that more serious condition which we see so often, attended with fever, or at least a perceptable rise in temperature; loss of appetite, coated tongue; either constipation or diarrhea; possibly headache; in short a distinct gastric inflammation. We encounter

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these symptoms in children of all ages, especially in babies who are bottle-fed.

Nurslings are rarely affected, and when they are it is usually due to some indiscretion on the part of the mother or wet nurse, and is transitory and ephemeral.

The disorder is often seen within the first few days of extra uterine life—so soon after birth as to suggest that in certain infants there is a predisposition to gastric trouble, and that in such cases the term "Congenital dyspepsia" may not be inappropriate.

In well born infants the stomach is fairly tolerant of abuse, or, at least it quickly recovers its tone and function if the abuse is not too long continued. In some cases, we are right in saying our little patients have a "delicate stomach," and in such children the greatest care must be exercised to avoid repeated attacks of the disorder we are now considering.

In any consideration of infantile dietetics we must remember that there are infants with such feeble powers of digestion and assimilation that no artificial food will serve the purposes of nutrition; and there are others again, mostly among the poorer classes who thrive, or seem to thrive on almost any kind of alimentation even the most heterodox.

We must not, however, jump at conclusions, for our dispensaries and our children's hospitals too clearly prove that all infantile stomachs are delicate, sensitive and easily disordered.

Because one baby is fed on a certain kind of food and thrives thereon, this fact is no criterion by which to judge of the baby next door, whose different parentage and different environment may make a new illustration of the old and time-honored aphorism, "One man's meat is another man's poison."

Each individual child presents the problem of nutrition in a new phase, and we can only generalize at first and individualize afterwards.

In the way of generalization pardon me if I recall to your minds a few general and now universally accepted facts bearing on infant nutrition.

1st. Human milk is the only ideal food for an infant under six months of age.

2d. Cow's milk must be modified by additions and subtractions to make it resemble human milk.

3d. In spite of our best and most scientific efforts we can only approximate a perfect counterpart of human milk.

4th. In using cow's milk, the fresher it is the better. Even breast milk which is twenty-four or thirty-six hours old is not what nature intended for a nursing babe.

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5th. All commercial foods, of which condensed milk forms a part, are alien and unnatural foods because—

a. Condensed milk foods are practically *dead* foods, being devitalized by the processes essential to their preservation.

b. The preservative commonly used is cane sugar, which is especially liable to cause fermentation in the stomach of a delicate child.

c. This excess of sugar as compared with other necessary elements of food, such as the fats, the albuminoids (proteids) earthy salts, et cetera, destroys the natural balance of elemental substances, and therefore in some cases the food fails to fulfill the object desired, viz.: full nutrition.

d. All authorities agree that abundance of fat should be the main characteristic of the diet of infancy and early childhood. Now it is a well known fact that all condensed milk baby foods not only contain an excess of sugar but a marked deficiency of fat. This deficiency of fat interferes with tissue formation, and weakens resistance against disturbing influences, amongst which sugar in excess is most in evidence, and this is especially true if cane sugar is used as a sweetener.

In order to make my meaning clear, let me give you a list of the sugars in their natural order:

Lactose or milk-sugar, Dextrose or grape sugar, Iævulose or fruit sugar, Invert sugar or honey, Sacrose or cane sugar, Maltose or starch sugar.

All of these sugars or "carbohydrates" are different in alimentary value; different in sweetening properties, and above all, different in readiness of assimilation.

It must be borne in mind that any kind of sugar in strong solution or in concentrated form is an irritant to the tissues. This is clearly demonstrated by the fact that when applied to the skin of an adult, a strong solution of sugar will quickly set up a surface inflammation.

Diabetics are prone to have eczema from the sugar-containing uterine, where it comes in contact with the skin. "Grocer's itch" socalled is caused by their handling crude sugar. These irritating effects are much more pronounced in the case of cane sugar (sucrose) than with the glucoses.

Until quite recently it was believed and taught, that all the carbohhydrates to be absorbed must be in the form of glucose, but this theory is no longer tenable, as it has been demonstrated that lactose, maltose (malt sugar), and probably the dextrines are absorbed directly without change.

Robert Hutchison in his recent work on "The principles of Dietetics" says: "If we wish to avoid the risk of interfering with digestion by the

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use of sugar, care must be taken that the latter is not consumed in a concentrated form, but that the comparative dilution in which sugar occurs in natural foods, such as fruits and milk, is imitated. This is of special importance in the case of dyspeptics, and the superiority of glucose for such patients over ordinary cane sugar cannot be too strongly insisted upon."

In many cases the inordinate taste for sugar begins in the first days of existence—by over-sweetening the temporary food. The appetite once debauched continues to demand gratification and the child cries until the nursing bottle is made acceptable to a palate dulled by habit or blunted by disease.

Habit begets habit. When we start to go down hill, it is easy to keep going.

The child accustomed to an excess of sugar will, after a time, refuse a meal that is not over-sweetened. As a result we have starved tissues and an over-stimulated organism—a nervous, fretful child, with an impaired digestion and an irritable stomach.

Organic chemistry teaches that by fermentative action cane sugar is split up into carbonic anhydride and alcohol. If this be so,—and the statement is endorsed by such able authorities as Hutchison, Thompson and Cheadle,—in giving sugar, especially cane sugar, all excess of carbohydrates above the body's needs is both an irritant and a stimulant, both of which are not only unnecessary but productive of pathological conditions and sure to produce them by habitual persistence.

Eustace Smith, on the treatment of gastric catarrh, in "Diseases of Children," says: "The acrid mucus, a free secretion of which is one of the ordinary phenomena of the catarrhal state, is a constant source of fermentation and acidity. It very quickly induces an acid change in the more fermentable articles of food." "As long as any signs of acidity of the stomach persist, care should be taken to exclude from the diet all matters capable of favoring the tendency to fermentation of food; and even for some time afterwards, readily fermentable substances, such as starches and sweets, should be taken sparingly, lest the derangement be encouraged to return."

In farinaceous foods we have carbohydrates in the form of starch, which may be regarded as sugar in the rough, sugar undigested, and in this form, undigestible by the infantile economy.

It is only after the first teeth are well advanced and the salivary glands are in active work that starch sugar can be made assimilable.

When we cook starch either by boiling or baking, we change the starch more or less successfully into a digestible form of sugar, and only by so doing. In the Liebig foods this transformation of crude starch is

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effected very thoroughly by first malting the grains, and cooking them afterwards.

In this process the starch is effectually made assimilable and the resultant sugar, in the form of maltose, is quite sufficient to meet the requirements of an infant for carbohydrates without the irritating effects of cane sugar. J. Mitchell Bruce, in his "Materia Medica and Therapeutics" states that "Maltose is a form of sugar which does not readily give rise to acidity and dyspepsia."

The Liebig food with which I am most familiar is that known as Mellin's Food, and after using it for over thirty years, I consider it when properly used,—as a dilutent of fresh cow's milk,—the ideal baby food for the average baby. But this food, like all others, must be used with intelligence to be successful. In Mellin's food there is quite enough of the saccharine element to answer all the requirements of nature. The mistake is made all too often to add cane sugar to the mixture to satisfy a depraved taste, and in such cases the results can only be disastrous.

In all cases where I have given this food unsuccessfully, I have found invariably that cane sugar has been added. That I am not alone in regarding sugar in excess as a cause of gastric disturbance I quote from a very able article by Dr. Winters in the January number of the New York *Medical Record:*

"For the best results and the least disturbance of digestion, cereals should be given without sugar. Sugar has a strong affinity for water, and a large amount of water is required to hold it in solution. Water for this purpose is extracted from the capillaries of the mucous membrane of the stomach, thus interfering with the blood supply for the gastric secretions, causing a retardation of the digestive functions. This is the reason why digestion is delayed and deranged by sugar and all sweet desserts. The large amount of water that is required to hold sugar in solution is the explanation of its causing constipation, and of its interfering with all the secretions; just as in diabetes there are unrelievable constipation, dry, eczematous skin, and more or less diminution of the secretory functions, so in children in whom sugar is a large factor in their diet are all these perversions of the vital functions met."

The same is true of home-made or domestic foods, such as oat-meal, gruel, barley water, flour ball, etc.

In thoroughly cooked farinaceous foods of all kinds, there is enough sugar to satisfy the demands of the system for carbohydrates and the addition of a further amount of sugar of any kind is fraught with danger. To follow nature is to follow her in her natural combinations.

To add sugar to a food already sweet enough is as great a mistake as to add pepper or mustard.

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To show that the position here taken regarding the excessive use of sugar in the baby's diet is not entirely theoretical but is borne out by clinical experience, let me cite a single case out of many, within my knowledge:—

CASE.

Margery S., now six years old, was first brought to me when a little under two years of age. She was then suffering from rachitic paralysis, from which in due time, she made a good recovery. She was a bottle-fed baby with all that this implies. She has a very indulgent parent on both sides and a still more indulgent uncle whom she adores. She enjoys good health as a rule, and is a bright, healthy, rollicking girl—except at intervals. During the past three years she has had numerous attacks of mild indigestion, and at least four severe attacks of gastritis, in all of which her temperature has been as high as 102 degrees and once 105 degrees. These attacks have always been accompanied by constipation, a heavily coated tongue, loss of appetite, sometimes by vomiting, and usually by tenderness over the epigastrium.

In one of these attacks the tympanitis and tenderness over the illeo-coecal region was so marked that I feared either appendicitis or peritonitis. Had I not been familiar with her previous history I might easily have made a mistaken diagnosis.

Her attacks of gastritis, for such this one proved to be, last from three or four days to a week, and are invariably preceded by indulgence in candy, of which she is very fond. If she goes to a children's party and partakes of candy and sweetmeats she is pretty sure to be sick afterwards. Christmas is always her *bete noir*. As long as her diet is correct she is a picture of health; her stomach is in good order, and her digestion is perfect. But a slight indiscretion in the matter of sweets is sure to upset her.

In conclusion, let me say in plainer language than I have used before, that in fresh cow's milk from a clean and wholesome country dairy, and malted grains in which the starch has been wholly transformed into maltose, we have the nearest approach to a perfect substitute for human milk that science has yet offered to the human infant.

I have nothing new to offer in the treatment of gastritis. I have preferred to offer these hints as to causation rather than to discuss the hackneyed theme of therapeutics. While our homeopathic remedies are of inestimable value in curing gastritis, an ounce of prevention is worth a pound of pills.

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ARTIFICIAL FEEDING OF INFANTS IN DIFFICULT CASES.

BY ERNEST CADWELL, M. D., CHICAGO.

The causes of impoverished infantile nutrition are usually some one of the following, or perhaps a combination of two or more of these conditions: Improper food and feeding, congenital weakness, unhealthful surroundings, sequele of disease.

Congenital weakness and morbid hereditary influence are expressed in premature birth, syphilitis and tubercular discrasia and vitiated conditions borne of nurotic and dissipated parents. When these are more or less factors in the production of poor nutrition, we find our materia medica helpful and must depart from the subject of this article long enough to mention the following remedies: Sul. psorinum, cal c., cal. phos., sil., nat. mur., iod., tuberculinum, syphilinum, pot. iod., hepar sul.. The earlier these are used in foetal or infantile life the more effective will be the results. The most discouraging and obstinate cases are those suffering from hereditary evils.

Very frequently the cause of mal-nutrition is improper food and feeding or poor hygiene, or a combination of these. Under these circumstances we can accomplish far better results, since the cause can be usually controlled.

In the cities the hygienic errors are overcrowded tenant houses, having poorly lighted and ventilated rooms, as seen in basement dwellings and rooms supplied with air from small courts, hallways and water-closets. More frequently among the better class of tenants the rooms are overheated during the winter season, and this alone may give rise to mal-nutrition.

Infants suffering from marasmus and mal-nutrition frequently fail to thrive in institutions where many children live, though food may be ever so carefully prescribed. Diminished air space is one explanation of this failure. Hospital and institutional treatment is very often contraindicated in these complaints.

Excessive feeding and improper food is so prevalent and well known that it needs no comment.

It is not only important for the doctor to understand thoroughly the kind and composition of food most likely needed in an individual case, but he must be able to give written directions to the mother about the preparation and quantity of food, and the frequency of feeding. This applies to the use of cow's milk. For this purpose it is advantageous to have at hand a chart, showing the amounts of plain milk, cream, sugar and water to be used in preparing a desired quantity of food of desirable percentage of ingredients.

If it is remembered that in healthy infants, from 2 to 8 months old,

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the average length of time required to complete milk digestion is two hours, then it will not be forgotten that feeble digestion, plus cow's milk, requires longer feeding intervals.

Semi-weekly weighings, compared to a normal weight chart, if one is at hand, are a most important guide in determining the progress of the infant's nutrition and growth.

If called upon to take charge of a difficult case of nutrition, where weight has been steadily going down, the doctor should not be in too great a hurry to see an increase of weight following his food prescription. After carefully prescribing a modified milk, he ought to be satisfied during the first week or two, if there is only an arrest of the downward progress of weight. After symptoms of indigestion have subsided, a slow gain of one or two ounces per week may be expected. Later, if the food is proper, the increase will be 6 or 8 ounces per week. Frequent food changing has defeated even the intelligent food doctor.

In a few very discouraging cases, the most unpromising food or combination may succeed. It is the reports of such cases that proprietary food advocates hold up for a guide. Their exceptional cases cannot be a safe rule or guide, but exceptions have their proper and sometimes useful places.

Among the proprietary foods, the profession have found the most favorable results following the use of the malted foods. Holt says, "sometimes there is an advantage in withholding, for a short time, all milk constituents (for difficult cases) and giving one of the malted foods with water or animal broths."

Our best authorities advise reduction of proteids of cow's milk to almost a frightful extent for young infants of feeble digestive powers. And they warn us that this extremely low percentage, such as two-tenths or three-tenths of one per cent, cannot be long maintained with safety. Speaking from experience, these teachers claim that the majority of young infants who suffer from casien indigestion cannot begin improvement on but little higher proteids percent than the above named. There are two other remedies offered for our choice in this difficulty, the last of which described seems most preferable to the writer. One method is to allow a somewhat higher proteid percent, say one percent, and, by the use of a digestive ferment, offer the infant a more or less completely predigested food. But this involves another difficulty and another danger. It is sometimes difficult to procure a ferment and favorable conditions for uniform and definite results. At times the milk may be little affected by the ferment, again digestion may be carried far beyond our desire. The danger in the use of a predigested food is the debilitating effect upon the digestive function. The

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stomach demands some work to do even when enfeebled by chronic derangement.

The most favorable method, in the writer's opinion, is the addition of some easily assimilable proteid to the milk, at the same time decrease the milk proteids to a strength which will properly employ and maintain digestive function.

The use of the following proteids are suggested for this purpose: raw beef juice, bovinine, liquid peptonoids, (Arlington Co.), panopepton, egg albumin.

The addition of beef juice will put very little extra work upon the digestive function, since it is similar to blood serum. For its preparation put a pound of finely chopped beef into a clean jar, add 8 ounces of water, allow closed jar to remain on ice six or ten hours, then strain. This juice will contain about 3 per cent. proteids.

The following example is given for feeding an infant, three months old, who has feeble digestion. Desirable percentage of ingredients: Milk proteids, three-tenths of one per cent.; beef proteids, four-tenths of one per cent.; fat, one per cent.; sugar, five per cent. If desirable to allow three and one-half ounces of food for each feeding and eight feedings during twenty-four hours, (intervals of two and one-half hours in daytime) it will be necessary to prepare twenty-eight ounces of food. It will be necessary to direct the nurse to make the following combination: Plain milk two-thirds of an ounce, skimmed cream one and one-third ounces, water twenty-two ounces, milk sugar three and one-half tablespoonfuls (level), beef juice one tablespoonful added to each feeding (must not heat after beef juice has been added).

The above is rather low in fat, but this seems to be the need in marantic conditions especially.

If the other beef preparations are used, much less in quantity should be added to the milk food, since they contain from 10 to 30 per cent. proteids.

PSORINUM.

BY A. L. BLACKWOOD, M. D., PROFESSOR OF THEORY AND PRACTICE OF MEDICINE, HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Some of my most happy results in medicine have come from the use of this remedy. And yet I believe it to be one that is not generally employed by physicians, but there is no reason why it should not be, when antitoxine and other products of diseases are being so extensively used.

It should be studied in cases where there are evidences of an underlying dyscrasia, and as a result the apparently indicated remedy does not act, or its results are of but short duration and the patient is again

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as bad as ever. In other cases the apparently indicated remedy has no effect upon the patient, and it is demanded to arouse the vital forces. In this class of cases by careful inquiry into the clinical history there is usually some disease from which recovery has not been complete, or there is some underlying dyscrasia that is indicated by glandular enlargements or cutaneous exhibitions. The skin eruptions are usually herpetic in character and are attended by great itching, which is made worse by the warmth of the bed. The skin may appear all right, but more frequently it is of a dirty, greasy appearance, as though the patient had never bathed. If there is any discharge it is very offensive, which is true, also of the perspiration; and all the discharges might be compared to carrion. The discharges from the bowels are of so foul an odor that it is impossible to remain in the room. They are profuse, watery, brown, or black; worse at night.

It also relieves a constipation that is attended with great straining at stool.

Following some acute disease that has greatly reduced the patient he is prostrated, suffering from night sweats, hopeless and does not react from the acute disease and the chances appear to be poor for a recovery. The patient is chilly and desires to be wrapped up especially about the head. There is dry, hacking cough with a thick, yellow, offensive sputa.

Mrs. S., aged 33 years, came to the clinic Dec. 26, 1901, complaining of a distress in the right arm which has been continuous for past three years. At times it is severe and renders her unable to perform any work with it, at other times it is more of a tingling, but whatever the character of the sensation, it was always present. There is a history of typhoid fever preceding the pain in the arm. The skin is rather unhealthy looking and presents an oily appearance. The urine was examined but presented nothing abnormal. This patient was given three doses of psorinum 200, one to be taken each night till gone and placebo t. i. d. She reported that on the 29th. of Dec. 1901, the pain had disappeared and up to the first of July, 1902 there was no return.

Mrs. L., aged 50 years, came to the clinic complaining of a winter cough that had returned every fall for the past seven years and continued until the following spring in spite of all forms of medical treatment. The cough was dry and hacking; at times there would be an expectoration of abundant thick, yellow, and offensive mucus. A close physical examination showed the patient to be suffering from eczema, there is a very offensive odor from the skin which bathing will not remove. There is also a profuse perspiration much of the time, and an examination of the lung revealed roughening of the vesicular murmur and a diagnosis

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of rescurrent bronchitis was made. Psorinum 200, was given, one dose at night for three nights and placebo t. i. d. The cough subsided at once so that in one week she states it was entirely relieved while the perspiration and offensive odor was much better.

"WHERE AM I AT?"

BY J. C. FAHNESTOCK, M. D.

We are admonished to never look back, but who of us will not turn back and make a survey of the past and try to avoid our mistakes?

The reader will no doubt recall the same experience that I here relate.

A few years ago I had an occasion to refer a patient to a physician in a neighboring city, a physician who poses as a homeopath, and his name is recorded in the transaction of the American Institute of Homeopathy.

Later I saw the patient, and among the many compounds administered here are a few, (sometimes seventeen *doses* were administered in one day).

Park Davis & Co.: Normal Fl. Ergot ʒ iii.
Sig. Take 60 min in water every morning.

With this was given the following:

Sodii iodide ʒ i.
Hydrarg. iod. rub. grs. i-iv.
Lig potas ars. ʒ i-iv.
Succus alterans (9s.) ʒ i-iv.
M. Sig. Six min. after each meal.

At bed time was given a teaspoonful of—

Strontium bromide ʒ i-i.
Daniels tr. passiflora (q s) ʒ i-i.

You can imagine the result of these prescriptions.

To another physician comes the following:

Sanmetto 1 bottle.
Sig. Teaspoonful three times a day.

And with it was used the following:

Tr. clemates erect Θ
Thuja Θ } a a ʒ v.
Hamm O ʒ xx.
Thirty drops every three hours.

The results were equally as good as the first.

From another would-be representative of Homeopathy one of my patients was given Ars. 3x morning and evening. A tablespoonful of aqu-solution of Dig. before each meal and between the intervals, (I will

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allow you to figure that out) a teaspoonful of Cact. grand. Θ.

In a few days the patient complained of a severe constricting pain around the heart and chest, so bad was it that he said, it felt as if "I would be squeezed in two and could not get my breath."

Results—not hard to guess.

From another patient comes the report, "Why doctor, what kind of a physician did you send me to? He must have been an allopath, for I took about seventeen kinds of medicine in one week, and some of it was, oh, my!"

Reader, will you kindly give me the solution of this problem?

"Where am I at?"

CONCERNING THE MENTAL AND THE PHYSICAL BALANCES.

BY SHELDON LEAVITT, M. D.

"Of the soul the body form doth take,
For soul is form and doth the body make."
Spenser.

Men in general are vassals of their bodies. When I say "men," I use the term in its generic sense, for women are under the same vassalage. The material dominates the spiritual; the seen is given more weight than the unseen; the body rules the mind. This is not true under all conditions, at all times, nor in uniform degree, for the superior faculties do sometimes assert their rights and receive the consideration which is their due. A vocation like that of medicine brings one to see humanity under both its worst and its best aspects, and discloses in strong light the serfdom to which, in general, it has been reduced.

The allusion is to men as we ordinarily find them, ere they awake to a recognition of their bondage and break away from its galling bitterness; for there is a degree of emancipation of which all who will may avail themselves; absolute deliverance, as long as we are in the present stage of existence being denied us.

Liberty is a luxury, though not an unmixed blessing, for one is apt to swing like a pendulum from one extreme to another. It is a half-way house between bondage and license, and is the ideal place for human residence; but captives who have escaped the rigors of serfdom are not always content to remain there. Having discovered betterment in a direction away from one form of slavery, the emancipated hope to find the former augmented as the distance is increased. Consequently, the Christian Scientist being delivered from the bondage to fear under which he has long suffered, is led to trample under foot the ordinary

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and necessary precautions of wholesome living; he ignores the plain laws of health and defies noxious powers of morbific elements. The dietist, finding that he can escape many of his ills by reducing the quantity of his food and carefully supervising its quality, follows on until he ultimately arrives at the verge of starvation. These are common examples of exaggerated submission to right impulse.

Rationalism shows men that ideal living means moderation; a use of things without abuse of them; a course beset with difficulty, but the only safe one. On finding that health is restored through emancipation from unwholesome fear of disease is one wise in recklessly exposing one's self to noxious influences and in disregarding reasonable precaution? Or on learning that he has been eating too freely and suffering the logical effects of gluttony, is one wise in cutting down one's food allowance to the quantitative limit of its life-sustaining powers? We are continually obliged to resist the tendency to exaggeration of a salutary movement, for our impulses acquire great momentum in whatever direction of self-interest they become turned.

In almost every conceivable environment far more pleasure than misery awaits us; but its appreciation is conditioned on self-control. There are pleasures of abstinence, as well as pleasures of indulgence. If we give way to our desires without restraint, we soon meet a reactionary effect which is most depressing. In the practice of self-restraint one finds much pleasure growing out of an exhilaration of mental and physical well-being and a sense of augmented power. But one must beware, for asceticism can be carried far enough to reduce bodily vigor and to cast the mind into reflex misery.

Wise indulgence, then, brings pleasure. There are many who find delight in indulgences of various kinds which stop short of profligacy. On the other hand it is quite possible to find true pleasure in abstinences and restraints which do not attempt to kill desire but merely to regulate it and keep it within rational bounds. This action and counteraction is a petty warfare between our higher and lower natures.

And here, another word of caution. There is danger of misinterpreting the true sentiment existing between the physical and spiritual organisms. Theology has nearly given over the body to the powers of evil, making every indulgence of the flesh a sin. We are told that we should not give heed to its impulses, for in so doing we offend the higher nature. It is fortunate that such a view has not been universally accepted, for even its partial acceptance has doubtless been the cause of much disease and death. Real virtue lies in regulation, not in suppression; in the attainment of self-control, so that the seen and the unseen elements shall each receive due consideration. Give the physical a loose rein and it

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runs men into depravity. Give the spiritual *carte blanche* and it carries him into a manner of life unsuited to a proper performance of life's ordinary duties, and often makes of him a most disagreeable companion. We mistake when we attempt in this sphere of existence to live in another. Is it not better to perform well the duties of the present life, since by so doing we shall best fit ourselves to utilize and enjoy the realities of the life beyond?

Too little attention of the right kind has been given the body by those who aim at higher living. Its functions have been disregarded; itself has been accounted unworthy; and even moderate indulgence of its demands has been declared degrading. The inferior has been depreciated, and the superior exalted; an action characteristic of the human mind in its response to the evolutionary trend. The body may not need more indulgence, but it does need more consideration. It should not be ignored, but tended; not pampered, but directed; not debased, but exalted; not brutalized, but spiritualized.

Overmuch attention to the physical is to be deprecated, for the body readily becomes dictatorial. All its functions and pleasures should be lifted to a higher plane; and all its grossness should be sublimated. As an outward expression of an inward, an invisible, essence, it is not to be reckoned as base, but chaste and holy. We can make it what we will, for all depends on our mental attitude toward it. If we indulge its propensities to an undue degree, it falls from its exalted state, and the joy which the right measure of use affords is soon succeeded by satiety. If, on the other hand, we cultivate spirituality overmuch and look upon all outside its realm as base and unclean, while we may reach a state of morbid ecstacy, it will be at the expense of physical attenuation. and, at last, physical decay.

The true gospel of the kingdom embraces a just appreciation of the physical as well as the spiritual; and this truth should be proclaimed. If we despise our bodies and exalt our spirits, we may become what the people call holy, but by so doing we make of ourselves abnormalities, ill-fitted for performing the duties so essential to consonant living. In our spiritual states the physicial relations are never to be forgotten. What is most needed are men, well-rounded and equably poised, who respect the needs of all parts of their composite organisms, and who seek to give each "its meat in due season." Let us remember that the higher is not to be debased, but that the lower is to be lifted up. In such a course is found one of the great secrets of human happiness and usefulness.

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SUMMER DIARRHEA OF INFANTS.

BY H. H. AMSDEN, M. D.

In considering the subject of summer diarrhea in children, I shall, for the sake of convenience, consider the treatment under three heads—first, proper care of the digestive tract; second, measures for overcoming the ill effects of excessive heat; third suitable medication. Nearly all prophylactic and therapeutic measures come under one of these divisions.

Summer diarrhea is essentially a disease of overfeeding or improper feeding. It is either caused or aggravated by some fermenting or decomposing substance in the digestive tract. The child may have eaten unripe fruit, or apple parings, etc. Impure milk may have been taken and act as a foreign body, affording a breeding ground for bacteria, or a sudden chill may so arrest the digestive functions as to permit suitable food to become in reality a foreign body. The vomiting and diarrhea, which are the principle symptoms, are but nature's efforts to rid the gastro intestinal tract of the cause of the trouble. In any event, there is in the intestinal tract, in the vast majority of cases, a substance which should be gotten rid of.

In case there is no irritation of the stomach there is nothing better than castor oil to clear the intestinal tract; if the stomach will not retain this, calomel in 1-10 grain doses, repeated every half hour for three or four hours, and followed by a high enema of soap suds and warm water will generally suffice. I believe this to be the first essential in treating a case of summer diarrhea, as we have no means of knowing how long foreign substances may be retained. I well remember a case in which a dose of castor oil brought away half a yard of apple parings which cuprum arsenite, croton tig, podophyllum, etc., had severally failed to dislodge after a faithful trial.

There is a tendency among pediatrists, especially of the older school, to consider all these cases of bacterial origin, and to treat them largely with intestinal antiseptics; personally, I have not found it necessary to employ such measures, as I believe the indicated remedy will take care of the symptoms after the cause has been removed. In cases where the colon is especially affected—those of a dysenteric nature—irrigation of the bowel with plain water or saline solution, often affords great relief, and when tympanites is present the addition of a few drops of turpentine to the enema aids the expulsion of flatus, and greatly promotes the patient's comfort. In cases where tenesmus is particularly distressing, an enema of thin starch paste containing ten or twenty drops of tr. opii is often useful.

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After clearing the gastro-intestinal tract, the next problem is to select the food which will best agree with the patient. For the first twelve to thirty-six hours, or until gastro intestinal irritability has subsided, nothing but boiled water or bits of ice should be given. Then begin with albumen water, popcorn water, bovinine, panopepton, beef tea, beef juice, clam water, gradually adding boiled rice, scraped raw beef, until the stools are normal. Up to this time milk should be absolutely interdicted; while it is the ideal food in health, in this form of disease it is generally harmful, at least in the acute stage. While there may be some children to whom it is impossible to adapt a milk mixture which will admit of digestion, these cases are few and far between. The special subject of diet in these cases is treated in another paper, so I will refer to it but briefly, though it is the most important factor in the treatment.

Theoretically, we should suppose that the addition of starch, even in minute quantities, to an infant food would be productive of no good results, but rather of harm, as nature makes small provision for the digestion of starch during the early months of infancy and human milk, the ideal food for this period of life, contains no starch. Yet it is a fact that many of us have been convinced of, perhaps against our will, that most babies find it easier to digest a milk mixture containing a certain amount of gruel or other farinaceous substance than a similar mixture which does not contain said starch. This fact explains the wide sale and marked success of such preparations as "Mellin's Food," "Malted Milk," etc. It has been my experience many times to see some one of these preparations, or some so-called "old woman's" mixture of milk and oatmeal gruel, succeed in a case in which my carefully figured percentage modification had signally and utterly failed. I believe the secret of the success of these foods is because they strike at the root of the difficulty in infant feeding, that is, to secure the finest possible division of the casein curd and its consequent easy digestion. They fail, oftentimes, because they introduce an unnecessarily large amount of carbohydrates into the digestive tract, with consequent fermentation and its train of evils.

The difficulty which confronts the physician in preparing a proper milk mixture for an infant is not in securing the proper proportion of the various ingredients, nor is it in destroying noxious bacteria; it lies in so acting on the casein that it will coagulate in fine flakes in the stomach, not in large curds. This can be partially accomplished by predigesting the food, but it is not wise to feed milk modified in this way for too long a time, as it does not give the gastric and pancreatic juices an opportunity to exercise their functions. The end desired can be best accom-

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plished by a mechanical separation of the casein, thus allowing the digestive fluids an opportunity to attack the particles of curd, and this result is best accomplished by the addition of some farinaceous substance.

In selecting a diet for a case convalescent from summer diarrhea I have been able to secure the best results by the use of "Fairchild's Peptogenic Powder," by the use of which the food can be partially predigested, varying the amounts of the different ingredients and the time of cooking to suit the individual case, thus adapting the food to meet the weakened digestive powers. In diluting the milk mixture after peptonizing, I use a thin flour gruel, boiled fifteen minutes and partially dextrinized by the use of "Taka-Diastase," or some similar preparation. I am indebted for the latter suggestion to an article by Dr. A. Jacobi, which appeared in the New York *Medical Record* some two years ago.

If one is sure that the milk fed to an infant is pure and fresh, and has been kept from contamination during its transit from the cow to the child, sterilization may be unnecessary, and cases of scurvy are not unknown in children fed on sterilized milk. Generally speaking, however, it is better to pasteurize the milk during the hot weather of summer. This renders the casein less digestible, but the disadvantage is overcome by the use of the peptogenic powder, and this can be dispensed with as the child grows older and its digestive powers stronger, relying on the gruel to secure the desired digestion of the curd.

Turning now to the second division of our subject, measures for overcoming the ill effects of excessive heat, the question of proper clothing is one of the most important. Most children are clothed too warmly in summer, and the clothing is not properly distributed over the body. Up to the second year, at least, the abdomen should be protected by a flannel bandage, to guard against the effects of cold on the viscera; but the rest of the body should be clad with only such clothing as is necessary to protect against chilling. How often do we see a child, during the hottest days in summer, with sufficient clothing to protect an infant Esquimau in his native clime, suffering untold discomfort from heat rash and intertrigo. I have on several occasions found the temperature of such children, who were apparently perfectly healthy, as high as 101° or even 102°, apparently the result of nothing but too many clothes. During the hottest days in summer it is often well to keep children indoors during the middle of the day, and permit them to play about the house, clad only in undershirt and diapers.

An abundant supply of fresh air is a most important factor in treating, not merely chronic cases, but also the acute cases which we are specially considering. Children should be kept out of doors except during the

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middle of the hottest days, and if suitable arrangements can be made, they may be allowed to sleep out of doors in the evening, or even all night, of course only in the hottest weather.

Frequent bathing is of importance, both as a prophylactic and adjuvant measure. Sponging the body three or four times daily with lukewarm water, with a suitable proportion of alcohol or saleratus, reduces fever, relieves restlessness, and promotes sleep. In more severe cases the full warm bath, gradually reducing the temperature by addition of ice water to 85° F., is of value. Cases showing much restlessness, with perhaps a tendency to delirium, are benefited by the ice-cap cautiously applied, or better, by cold compresses frequently changed. In cases attended by fever and evidences of intestinal congestion and inflammation, a cold compress on the abdomen is of value, being especially useful in relieving excessive peristalsis. When pain is a marked feature, the use of lead and opium wash, locally, often affords much relief.

The medicinal treatment of these cases is the subject of another paper, so I will only mention a few remedies which I have found useful. I believe the medicinal treatment in nearly all cases is subordinate to proper regulation of the diet.

Cuprum arsenite 2x, while it is the most generally useful remedy, podophyllum, gamboge, croton tig, aloes, nux vomica, mercurius corr, arsenicum, ipecac, and ant. crudum are remedies of inestimable value in combatting the various phases of the disease.—*The New England Medical Gazette.*

A CASE OF QUININE POISONING.

BY G. R. REAY, M. D., BEACON, IOWA.

Sept. 30, 1900—Patient—male aet. 45 yrs.—walks in a stooping, shrinking position; arms drawn to body, legs visibly weak and uncertain, face drawn, miserable and an earthy, yellowish color—has a weak, hoarse voice—present trouble began three months ago—the regulation chill, fever and sweat alternate days—was given quinine sulph. in gradually increasing dosage, the more stubborn the disease the more persevering the dose. Has taken no quinine the last ten days. Complains of frightful dreams, mental irritability, strong desire to curse, confusion of thought, memory deficient, insomnia, constant ringing and rumbling in ears. Anorexia, nausea, thirst, sour, gaseous eructations, constipation. Hot and cold flashes over body, sweats, a great deal. Has to wait ten or fifteen minutes before can commence to urinate. Is weak, chilly and drowsy, all of which is worse after sweating.—℞. Cinch.

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Sulph. 200x—one dose on tongue, gave a placebo—to report next day.

Oct. 1.—Claims he "feels like a fighting cock." He became warm in one half hour after taking "those little sugar pills." Slept good all night for first time in weeks; no sweating or chills, feels stronger, no thirst today, urinates naturally.

Oct. 2.—About as above. Bowels moved naturally.

Oct. 3.— do.—Eructations, nausea, drowsy.—℞. Placebo.

Oct. 9.—Chill last night, first since Sept. 30; bowels O. K.; sleeps good, drowsy, vomits after eating. ℞. Nux. V. 3x—3 hrs.

Oct. 20.—Had no more chills, vomiting, etc. Is perfectly well, strong, and very thankful to the Homeopath.

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Among the Journals.

CYSTITIS.

Dr. Ralph St. J. Perry (*Surgical Clinic*) suggests the use of an old remedy for cystitis that has been forgotten in the race of the doctors for the new things. Its cheapness may prevent its general use, but the doctor who cares to cure will thank Dr. Perry for his short paper. Here it is:

Just now, while the season is ripe, I want to call the attention of my fellows to a point in therapeutics which has escaped the eagle eye of those who delve in the mysteries of drug action; and that is the use of the common garden bean in cystitis.

Some years ago I had a case of cystitis which needed all my efforts to cure. Also those of several other medical gentlemen. One of my old lady friends who knew of the case suggested the use of a tea made of the dry pods of the common bean. I smiled the smile of superior medical knowledge; she backed her advice up by competent medical authority, and I tried the remedy. It worked like a charm. Not only in that case but in several others since then. I now keep dried bean pods in stock.

My venerable friend, told me that she had been subject to attacks of bloody inflammation of the bladder for years, but that she was now able to control the disease in twenty-four hours by using the bean-pod tea. She had first learned of the remedy from a family doctor book. This book is the Encyclopedia of Health and Home, published in Chicago in 1884, and the medical portion is edited by George P. Wood, M. D., and E. H. Ruddock, M. D. Wood and Ruddock are looked upon as pretty good authorities. In the chapter on Cystitis there is the following:

"In this disease it is seldom necessary that any remedy should be administered except a tea made of the pods or hulls of the common bean. It is to be drank freely three to six times a day, from which a speedy cure can be expected."

That is all that W. and R. say about it, but there is a big wad of truth in that small paragraph. Where they got their knowledge I do not know, and cannot find out—probably from some old granny. But that need not deter you in the least; most of our drugs today have come to us from old grannies, untamed savages and other wild animals. I have searched high and low in all kinds of books—allo, homeo, physio and botanico, ancient and modern, from the 16th century down to "up-to-date" and so far have failed to see any reference to the use of the bean

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other than as a food or a poultice. Under the circumstances I feel like crediting Drs. Wood and Ruddock with the addition of a new weapon to our anti-cystitic armamentarium.

As to the kind of beans, it seems to make no difference so long as they are the common garden beans. Seventy-five years ago our most astute bean-eaters knew only seven varieties of garden beans, today the seedsmen catalogue about 400 varieties—all derived from the original mother plant known as Faba Vulgaris.

MELLILOTUS ALBA.

Probably no other remedy is as prompt in its action, nor more satisfactory than the tincture of white clover. It is the best general remedy for convulsions we have ever used, and as near a specific in hemorrhage as we ever prescribed. We are indebted to good old Dr. Bowen, of Ft. Wayne, Ind., who was laughed at for his assertion concerning its remarkable efficacy in fits on the floor of the Institute at a meeting held in Detroit. The scoffers were those who knew nothing about this drug.

Dr. Edwin J. Clark (*The Critique*) presents the following study of this drug, which we commend to our readers:

"Melilotus acts on the capillaries and arterioles, dilating them and causing congestion very much after the same manner as Amyl nitrate. In the Amyl the blood surges to the head, the face flushes, the eyes become staring, respiration is difficult and the brain is full, suffused and throbbing. This is followed by a more or less recession of the blood wave, producing an alternate flushing and paling of the face. Its action is rapid and evanescent.

"The action of Melilotus is longer continued, is deeper and more powerful. The blood surges into the head until the face is purple, the head feels as if it contained all the blood of the organism. The violent congestion, throbbing and fullness almost drive him crazy. On going into the open air the fullness is not so oppressive, though no marked relief is secured until epistaxis empties the surcharged blood vessels. Bell. has markedly congestion, but the condition is made worse by motion, light, etc., and epistaxis does not relieve. Glon. spends its fury more within the brain than in the external parts of the head. Its fullness is not of a stagnant character, for it seems as if with every pulsation of the heart the blood wave filled the blood vessels of the brain to the point of bursting, producing an intense pulsating trip-hammer beat, synchronous with the pulse.

"Sometimes the headache of mel. is of a dull and heavy congestive

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character and then, like gel., it is relieved by a profuse watery flow of urine or menstrual blood. Its time for aggravation is 4 p. m.

"Raue mentions its use for congestive headache relieved by bleeding of the nose; in eclampsia infantum, during detention with great congestion to the head; and under epistaxis, "is said to stop nosebleed immediately."

"It has proven of value in neuralgiac pains in the limbs, especially when accompanied by the congestion. It produces a stiff and sore condition much like rhus. It is relieved by careful motion. It has cured epilepsy resulting from a blow upon the head. Puerperal and infantile convulsions have ceased under its magic influence. I say magic, for in a low potency it shows a characteristic rapidity and instantaneity of action that is surprising to those not accustomed to the rapid action of high potencies.

"Ozanam reports a case of typhoid in the febris nervosa stupida condition. For fifteen days deaf and dumb, recognizing no one, immovable, nearly without pulse, involuntary colliquative diarrhea mixed with blood. Mel. first trituration was dissolved in water and five minutes from the first spoonful the child raised its head easily, recognized its father but could not call him. Hearing and speaking gradually returned, the child having to learn again how to talk.

"It has also been used with benefit in various conditions of the mind as relapsing mania, religious melancholia and hypochondriasis. It shows an inability to fix the mind, a stupidity and indifference. Patient omits words and letters in writing. Talks incoherently, unable to express himself clearly, "words trip each other up." They are unable to study, memory will not retain anything. Brain seems so full that there is hardly room for a thought.

"Bowen gives as prominent symptoms of his proving "violent congestion of the head, frequent and profuse bleeding at the nose, dry cough, palpitation of the heart, extreme nervousness, irritability, forgetfullness, confusion of thought and relaxation of the bowels."

"Allen's Handbook omits entirely any symptoms of the bowel relaxation, placing constipation as the bowel condition of this remedy. Faeces accumulating until nature can no longer retain them and are then expelled, at first difficult and painful, each succeeding stool less painful until normal stool is secured and then again occurs a period of accumulation. The stool is accompanied by stringy, glairy, milky-white mucus. The cough is of a dry character and is accompanied by fullness of the chest. Feels as if smothering, could not get air enough. Epistaxis when occurring usually relieves the chest symptoms. Hemoptysis of bright red blood may occur. Dr. Strickler reports a case of a terrible

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left-sided headache, increasing until epistaxis would bring relief. Melilotus produced a quick and marked abatement of the headache without any return."

WHICH SHOULDER SHALL BE DELIVERED FIRST?

Dr. C. E. Fisher (*The Critique*) has a very instructive article which is worth perusing. The saving of the perineum is of great importance, and the accoucher who can accomplish this is held in high repute by his clientele. Of course, it is right to be able to sew up the perineum when rupture occurs, but the one who can save it is still the better obstetrician. Here is what he says:

Discussion of how best to save the perineum in labor being always timely and in order, special value attaches to an excellent article by G. Maxwell Christine, M. D., Philadelphia, in the *Hahnemannian Monthly* for June of the current year, upon the relation of the delivery of the shoulders to this important subject. Previous contributions to this phase of delivery are to be found in the *Medical Century*, of which I was at that time editor, in the issue of June 1, 1895, Vol. III, page 248, by T. G. Comstock, M. D., St. Louis, and W. C. Richardson, M. D., of the same city, perhaps the articles to which Dr. Christine refers, but which he has been unable to locate, especial value attaching to Dr. Comstock's treatment of the subject because of its elaboration and fullness.

Long before reading the contributions referred to it had been my rule to deliver the anterior shoulder first, chiefly because I had found it easy of practice and as facilitating the completion of labor. I have not found it necessary, nor especially desirable, however, to hurry the delivery of this part because of danger to the child from asphyxiation, as suggested by Dr. Christine, since I have never found post-head-delivery contraction of the perineal tissues sufficiently firm to endanger the baby. No matter how blue the face of the child may become prior to the delivery of the body, I feel no concern on this score. Several minutes nearly always elapse, in even the most normal of labors, between the birth of the head and the birth of the body. Nature demands these moments of rest, nor have I ever found them of danger to the child. Of course this does not apply to unusually long detention of the trunk in the parturient canal, nor to retarded body delivery from fœtal abnormalities. But the degree of asphyxiation depending upon thorax compression of neck constriction subsequent to the expulsion of the capital pole has never been sufficient, in my experience, to occasion the slightest concern. A few moments of cord pulsation before the cord is tied has always

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cleared up this venous stasis. In fact, I depend wholly upon the continuance of the maternal circulation for resuscitation purposes, never tying the cord until the pulsations are good and strong, unless they go in the opposite direction, indicating separation of the placenta and fœtal siphonage.

I have not found it necessary to place the patient in the position described by Dr. Christine, namely, across the bed with the hips well toward the edge, in order to get the benefit of gravity of the fœtal head and trunk, as the child is being born, upon the perineal tissues. The English position, the woman on her side with her back toward the accoucher, accomplishes the same result and requires no assistants to hold the limbs in the flexed position. Ordinarily, the head may be sufficiently depressed against the perineum to accomplish all that is necessary, with the woman in the dorsal decubitus. It is plain, however, that in extreme cases the practice outlined by the author whose contribution is under discussion may be of extreme value.

Not alone because of the greater safety to the perineum is it desirable that the anterior shoulder should be delivered first, but because the safety of the anterior tissues, including the urethra, is conserved by the procedure. In order to deliver the posterior shoulder before its fellow is brought down there must be a good deal of forward pressure of the head, and also of the acromion process of the unborn shoulder. This pressure is directed upon the urethra and against the meatus uranarius. These tissues and the anterior fourchette suffer, and their suffering is of a nature to cause a great deal of discomfort. It was protection of the urethra rather than protection of the perineum which caused me to first practice delivery of the anterior shoulder.

Nor have I found it necessary to rotate the body of the child after anterior shoulder birth prior to the delivery of the posterior member. It occasionally occurs through nature's efforts. But my practice has been to deliver the anterior shoulder between pains, when possible, and then to allow the child to lie with the pressure of its weight against the perineum until a normal pain occurred. The transverse diameter of the fœtal trunk will have been lessened by the diameter of the delivered shoulder and arm, and thus more room will have been gained for the trunk as it glides over the perineum. It is the shoulder and next frequently the posterior elbow, doubled, that tears the perineum in my practice. If I can get the anterior shoulder away between the pains I can almost certainly guarantee against perineal injury as the posterior shoulder and arm are being delivered. But if the anterior member be held back the danger to the perineal tissues is greatly increased."

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THE ETIOLOGY OF INFANTILE DIARRHEA.

The following short synopsis from the pen of Dr. A. E. Snyder (*The Medical Council*) gives the salient points of the causes for the existence of Infantile Diarrhea:

The term *Infantile Diarrhea* is applicable to all forms of diseases of the bowels in infants which are accompanied by frequent and loose passages.

It is my purpose to treat only of the most prominent causes of infantile diarrhea, such as we meet frequently.

The etiologic factors common to all forms of infantile diarrhea are age, season, surroundings, constitution, dentition, food and feeding.

Some of the different forms are:

1. *Mechanic*, viz., foreign bodies.
2. *Eliminative*, viz., uremia.
3. *Intestinal*, indigestion.
4. *Nervous*, caused by cold, heat, fatigue, fright.
5. *Acute gastro-enteric infection*, which will comprise gastro-intestinal catarrh, gastro enteritis, cholera infantum, and mycotic diarrhea—the last named being the form of diarrhea most prevalent during the summer months. The view now generally held is that it is of infectious origin.
6. *Entero-colitis and colitis.*

Most of the etiologic factors already mentioned will apply with equal force to ileo-colitis, and it may also be secondary to the infectious diseases.

The *predisposition* to attacks of summer diarrhea is partly general and partly local. The general influences—age, improper food, etc., have already been mentioned.

The most important of the local causes is chronic derangement of digestion, usually the *result* of improper feeding. In addition, there may be present a low grade of catarrhal inflammation. The *exciting* cause may be acute indigestion.

In consequence of the arrest of digestion, there is left in the stomach and intestines, food which readily undergoes decomposition; and at the same time there are furnished conditions in which bacteria may develop, which, though previously present, are unable to gain a foothold, or bacteria may be introduced in such numbers, and of such virulence, as to overpower the digestive organs.

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SUMMER COMPLAINT.

The following from the editorial column of the *Medical Gleaner* (Eclectic) contains some mighty good advice worth putting in your head:

"The season for bowel troubles is now well on. The innocents are dropping out of life as the clock ticks, and it will be so till the frosts of November kill off the predisposing causes of the fatal child's disease:

"An elevated temperature, long continued, seems to be the main remote cause of summer diarrhea, whether of the adult or of the child. The reason bowel trouble is more fatal to the child than to the adult is because it possesses so much less vital resistance than does the adult. The adult and the child being equally flesh and blood, the therapeutic principle which applies to one applies to the other. But it is my purpose particularly to consider here the bowel troubles of children.

"Every physician should be familiar with the different characters of fecal discharges. The healthy stool is yellow, smooth and of the consistency of rather thin mush, the odor being simply fecal.

"The green stool has depended for its color upon fermentation. All stools are inclined to take on a greenish hue after exposure to the fresh air for some time, therefore examine fresh samples.

"Curds in the passage nearly always depend upon the indigestion of the casein of the milk. Undigested fats also take the form of curds. They are smoother (greasier) than the milk curds.

"Slimy stools result from a catarrhal condition of the lining of the bowels. When this mucoid material is well mixed with the feces, we know that the irritation is quite remote from the outlet. Otherwise it is in the large intestine, most likely in the rectum.

Very thin yellow stools occur in the hottest weather, when the child is much relaxed and way below par. Watch out in this condition or you may have a case of cholera infantum on hands.

Very foul stools result from a decomposition of the albumins of the food. If you get the odor good once you will never forget it. These types are nearly always more or less mixed, as all disease types are.

Cholera infantum is very different in its stool peculiarity from all the preceding. In this disease the stools are watery and profuse, there being only flakes of fecal matter in them. Writers usually distinguish between acute and chronic cholera infantum, but really there is no chronic form of any true cholera. It is essentially an acute disease, doing its deadly work very rapidly. What is called chronic cholera infantum would better be called chronic summer diarrhea. Acute cholera infantum is but slightly different from the Asiatic cholera of adults, both in the manner of its onset and its course. Fortunately it is compara-

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tively rare. The chronic variety, so-called, is common enough as we all know.

Besides the relaxing effects of prolonged high temperature, there are other very active factors in the production of the summer diarrheas of infants. Crowded conditions very specially favor their invasion. All infants are much better off in the country than in the city during the heated term. High temperature, overcrowding and unhygienic conditions are merely the predisposing causes of these bowel troubles. They simply make the child an easier pray to these ailments. The immediate cause is *always* wrong feeding. The nursing child who has a healthy and unworried mother, almost never has any serious bowel trouble. When it does have derangement of the stomach and bowels, it is always the result of overfeeding. The mother has allowed the child to surfeit itself.

"It is the hand-fed child which is the peculiar victim of these severe bowel difficulties. It is a screaming shame and a blistering disgrace to humanity that suckling one's own child has become bad form among a class of uppish women. What must be said of that motherhood which will sacrifice to the *au fait* of snobbery the innocent child she has borne ?

"In acute cholera infantum, i. e., in cholera infantum proper, prompt and vigorous means are required. The high temperature may be modified by tepid-water spongings in connection with fanning. Nux and ipecac, or nux and geranium, or nux and echinacea, according to specific indications, will be the proper drugs. They must be given in very small and *very* frequently repeated doses. If collapse is present or threatened, inject into the cellular tissue the normal saline solution, from a gill to a half pint at a time; this can be done two or three times within twenty-four hours. Rectal injections of a saline solution will assist in controlling the thirst and bracing the patient. For that matter give the little one frequent drinks of pure or slightly acidulated water. Let the drinks be little and often, and there will be nothing but good. It will help to put out the conflagration that is consuming the little one. Now *don't* be timid about this—do it fearlessly and freely, for whether the child recovers or dies, you will have added a jewel to your future crown.

The treatment for all other forms of the bowel troubles of infants, or adults for that matter, will be *mainly* dietetic. Don't waste your time and the patient's vitality upon antiseptics. *Remember* the septic condition is merely an *effect*—a symptom. *It* is not the disease, nor the cause of the disease. Throw your sulpho-carbonate of zinc and all such rubbish to the dogs—that is if you have a grudge against the dogs. Don't

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nip at the tail of the disease—go for the head of it. The whole bad business was caused by *indigestion*. Knowing the cause, remove it, and its effect will vanish, of course. It is correct to sweep out the *prima viæ* with a dose of castor oil in the start. This will rid the intestines of fermenting and irritating material, and then all you have to do is to allow no more of it to be created. *To do this is to remove the cause, and never was disease cured except by a removal of its causes.*

When I am called to a case of cholera infantum the first thing I do is to convert the mother to the Truth. I show her that the child is being starved to death both by overfeeding and the ingestion of improper food. I make her see that the child's nutrition depends upon what it *assimilates*, not upon the amount it eats. That I instruct her to dilute its milk so there will be one part milk, and, say, seven parts of water. I next instruct her to carefully watch its stools, and as long as any undigested material appears in them, such as curds, flocculi, etc., to keep diluting. When she reaches the point at which these disappear, then she is to cautiously dilute less. She is to be controlled in her feeding by the varying character of the discharges. It is astonishing how expert the mother becomes in the matter, and how quickly she does become so. The mother needs no reassuring arguments after the first twenty-four hours, for the child's improvement is argument enough.

Along with this regime, I give small and frequent doses of nux and ipecac, or nux and colocynth, or nux and echinacea, or nux and whatever else may be indicated. Only give the echinacea when there is general sepsis. Gentlemen, this method of treatment will save ninety-five per cent. of your cases, take them as they come.

LYCOPUS—BUGLEWEED.

The following contribution concerning the action of Lycopus is worthy a place in the library of every physician who is looking for a remedy. Its specific action on the circulatory organs indicates its value when any derangement of that system exists. It is taken from the *Eclectic Medical Journal:*

Like numbers of other galenicals, this drug undoubtedly would have enjoyed a far greater prestige among physicians of our school of medicine, had a reliable preparation been made the basis of experiment with it. Drying usually modifies or destroys the medicinal virtues of plants, and the prescribers of medicines made from them should never lose sight of this fact. If you dispense a nasty black or heavy red alcoholic tincture or fluid extract of lycopus, you should not be chagrined because disappointing effects follow.

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Our use of lycopus has been based upon the use of the specific medicine, which is green in color, not heavy, and carries the odor of the plant. We usually add from fifteen to forty drops of the preparation to four ounces of water, and give a teaspoonful of the mixture at intervals of fifteen minutes to three or four hours, depending upon the demands of the case in hand. We place as much reliance upon lycopus, and expect as direct results to follow its administration, as we do upon any remedy we dispense.

Lycopus has been variously classified as a sedative, tonic, astringent, narcotic, and diaphoretic. As a sedative it has been said by some to be the equal of either aconite or veratrum. We believe lycopus to be all of these and even more. In every disease in which debility and a rapid pulse are the pronounced features, lycopus should not be forgotten. It should at least be considered. It seems to us that it usually does best in those cases in which there is an increase of, or even a high, temperature. Whether the debility, the quick pulse, and the heat, are all dependent upon a sympathetic wrong, or whether the lycopus is primarily a sedative, we cannot say. We are inclined, however, to think that its beneficial effects are especially due to its action upon the vegetative system of nerves.

When given in the properly selected case, lycoyus lessens and strengthens the heart's action, acting like digitalis. It lowers the temperature; it relaxes and moistens the hot, dry skin; it relieves rapid respiration and overcomes dyspnœa and oppression of the chest. Through these the patient is brought to a normal plane, and better digestion, nutrition, excretion and sleep follow. With these symptoms and actions vividly before us, lycopus becomes *the* remedy in many cases of both acute and chronic pulmonary troubles. It is generally indicated in incipient phthisis. It lessens cough, brings down the temperature, increases appetite and digestion. It helps make a better blood, and by strengthening the heart carries it to the threatened or dying lung tissue.

Lycopus is one of the most popular remedies for hemoptysis. When it does not relieve, it is because it is not indicated. When hemorrhage occurs, whether it be from the lung or any other organ or part of the body, with hot skin, tumultuous heart action, etc., lycopus will relieve or stop it—not because of its astringency, but because it takes the nervous tension from the sympathetic, and places nature in such a position or condition that she can cope with her own infirmities. When nature is in control—is at herself—she will contract and retract a cut blood-vessel. When the same condition prevails why should she not take care of a broken vessel? In another class of hemorrhagic cases, small doses of aconite and ipecac are, as it were, physiological

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blood controllers—not because they are astringents or styptics, but because they untie nature's tied hands. Think of this point, and do not try to control all hemorrhage by administering astringents and styptics —gallic and tannic acids, ergot, etc.

Lycopus has been highly recommended as a remedy for diarrhea and dysentery, and it is an excellent one when indicated. That it cures because of its astringency we do not believe. Lycopus is a most efficient remedy in some cases of palpitation of the heart, and in some valvular affections, as it is many times in endocarditis, pericarditis, hepatitis, etc.

We doubt if lycopus has an equal as a remedy in pneumonia and typhoid fever, when lycopus indications prevail. Dr. Hector (now deceased), an Eclectic of Kokomo, Ind., reported the cure of exophthalmic goitre by lycopus. We would give it with confidence if the indications prevailed. It has been highly recommended as a remedy for hematuria and diabetes, as well as for albuminuria and chronic kidney trouble, with structural change.

The specific indications should be kept well in hand, and lycopus prescribed in any case, no matter what the name, in which they prevail.

DO HOMEOPATHS NEED ANTITOXIN?

We commend the following from the pen of Dr. C. E. Fisher (*The Medical Magazine*) to an earnest, careful and thoughtful perusal. It certainly presents the matter very fairly, and makes a plea simply for a consideration of the question. If antitoxin is a specific, as nearly as quinine is for malaria, it certainly would do as well without as with any aid, from internal remedies, but so far it has failed to produce the hoped for result. Here is Dr. Fisher's article.

Antitoxin has been before the profession several years. Owing to the heavy mortality which previously attended malignant diphtheria, in part because of the depleting and prostrating treatments then in vogue, the results since the introduction of the serum treatment have been more satisfactory and it has been widely heralded. Thus the public has come to take it up, and thus, unfortunately, many a careless homeopath has been drawn into the vortex and gone down in the whirl.

But these several years of antitoxin have given sufficient time from which to draw reasonably satisfactory conclusions, and from the data obtainable it is safe to assert that the homeopath who relies upon antitoxin deliberately sacrifices from eight to ten lives out of every hundred, he is called upon to treat, with diphtheria. In other words, the best, the most ardent antitoxinationists have been able to do with this much vaunted product has been to reduce the mortality from thirty-six per

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cent. under old methods to about sixteen and one-half per cent. under the new, while, on the other hand, it has been demonstrated with equal reliability that under even the most ordinary homeopathic treatment, that of alternation, et cetera, a trifle less than seven per cent. are lost.

Just why, then, homeopathic physicians and journalists should use and advocate antitoxin is unexplainable. To discard the statistics of the homeopathic profession and accept those of the old-school, both compiled in a desire to get at the truth, by men standing equally high in their respective professions, and in like manner from like sources, would be too reprehensible to be practiced by any homeopathic physician deserving of the classification. Tooker clearly established a death-rate of less than seven per cent. under homeopathic medication, and we challenge the antitoxinationists, of whatever school, to demonstrate a record half as good with their chosen weapon.

Antitoxin is polluted horse-serum. That is, it is a product resulting from the pollution of the blood of a young horse with diphtheria poison.

This agent has never been employed unmixed with preservatives.

The chief preservatives used to keep it from spoiling is carbolic acid.

Carbolic acid is homeopathic to many a case of diphtheria. Of this there can be no shadow of doubt.

It has been employed too many times by too many physicians with results which have been satisfactory, in too many putrid states, including diphtheria, not to give us good reason for believing that it is the potent agent in the mixture which acts satisfactorily in those cases in which antitoxin is administered with success.

But carbolic acid is not homeopathic to all cases of diphtheria, therefore it does not cure them all. Nor does it, if it be the agent in the antitoxin which does the work, cure as many cases as the combined materia medica, therefore the mortality under it is greater than if the particular remedy which might be indicated in each case had been used.

It has never been shown, or even claimed, that horse serum alone is capable of accomplishing anything in diphtheria, and until this has been proven, no matter how ingenius the theories concerning it, we have absolutely no reason for claiming that the effect of the diphtheria poison upon horse blood has developed a new medicinal agent of any value whatever.

But one firm, Mulford, manufacturing antitoxin denies the use of carbolic acid as a preservative, and its denial is but a subterfuge, since it is known to use trikresol, a coal-tar product of three times the strength of carbolic acid. How much more likely, therefore, that it is this agent that acts antidotally than the serum itself, and how reasonable to believe that it is the trikresol that makes a better treatment than old-time calomelization, chloridization, purgation and iodinization?

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A large number of old school journals have already given up antitoxin and now speak of it only to condemn it. Hardly an issue of the Medical Brief is sent out that does not flay it editorially as unscientific, repulsive, dangerous and insufficient. Only a day or two ago, in response to an inquiry, a creditable representative of a large drug supply house in Chicago informed me that the call for it has not only not increased within a year but that it has decreased within two years. It would certainly seem that we as homeopaths should hardly be now trying to climb in on the end gate.

Affirmatively, homeopathy has infinitely better measures for combating diphtheria than are offered by the antipathetic profession, and of these we should consistently avail ourselves to the limit before flying to nostrums, mixtures, fads, fancies or foibles whose virtues are of doubtful scope and value. Our armamentarium is replete with splendid curatives, whose pathogeneses makes prescribing a science and curing almost a never-failing certainty. The routine homeopath contemplates the employment of Mercurius cyanuret, Kali permanganum, phytolacca, Arsenicum and perhaps a few other remedies usually associated in his mind with a picture of a membrane in the throat and prostration in the subject. But this is not homeopathy at all. It is but a superficial smattering of it. The real thing goes down to bedrock and takes principally into consideration the individual who is ill, the throat symptoms being but one phase of the case, and by no means always the most important one. To make the membrane too prominent in the picture is but to spoil the reflection in its entirety.

In order of value for purposes of prescribing, the constitutional peculiarities, idiosyncrasies, tempermental individualities and family history of the patient come first. Then follow the nature of the attack and its modalities—where it began, how it began, which side of the throat or which part of the fauces was first attacked and in which direction the disease traveled, how rapid was its invasion or how measured its course —then coming the times of amelioration and aggravation and the degree of both, the whole picture being necessary to correct remedy-selecting and essential to good curing.

As a matter of fact, though the profession seems not to generally know it, it is the deep-acting, pedigree-hunting, dyscrasiæ-destroying remedies that do the best work in diphtheria, as in all profound diseases. I have seen the membrane fade away as if by magic under a high attenuation of the innocent Lycopodium, the disease having begun on the right side and having extended to the left. I have seen it do the same under Lachesis under a reverse of modality, the prostration being excessive. I have known the despised bitch's

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milk to knock it silly when the entire fauces was involved and the pain was biting, stinging and intolerable. Yet for years, with thousands of others, I despised Lac caninum.

A dose of Tuberculinum, or Sulphur, or Psorimum, or Calcarea, or Iodine, in high potency, according to the constitutional state of the patient, is very often the one thing needful to set him going right, in diphtheria or typhoid fever or pneumonia. It is he that is sick, not alone his lungs, his throat or his enteric glands. Prescribe for him, for his constitution, for his "all-over," if you would reach his case to its depths. Then the local symptoms, in the throat or elsewhere, will respond better to remedies prescribed for them than previous to the stirring of his systemic responsiveness.

Here is just where Hahnemann and Boenninghausen succeeded better than we. They were more painstaking and thorough in selecting the remedy. They had to be in order to make homeopathy anything at all in the face of the opposition they encountered. They cured without antitoxin and so can we. They cured better than their antipathic colleagues and so can we. They left us a heritage of immense value if we but use it as it should be used, and we should leave it to those who follow us unsullied, purified and perfected rather than polluted and impaired. A correct homeopathy is a scientific procedure, a careful individualization, a rifle-shot directing of medication, a precise, accurate, successful adaptation of the right remedy in each individual instance, and not a wholesale adoption of supposed specifics which have no proven value and no pathogenetic outlining upon which we can work unerringly.

I look upon it as lamentable and thoroughly inconsistent that we should continue to uphold and justify homeopathy as a separate and deserving system of practice and yet hold that the best it can do is to cure everything pretty well but dyphtheria, everything pretty well but pneumonia, everything pretty well but typhoid fever, everything pretty well but epilepsy, everything pretty well but syphilis, everything pretty well but pain, and so on down the list, according to the individual notions, weaknesses and unbeliefs of individual practitioners. What moral and logical right have we to separate existence as an honorable profession if this be our portion and limit?

And if we are no longer able to keep up our standard in diseases of children, heretofore assigned us by common consent, it would seem that it would be but honest in us to throw up the sponge, admit that homeopathy is a failure, or has been superseded by something better and join the ranks of the "make-the-practice-of-medicine-easy" men and let innocent children and helpless men and women take care of themselves in the desperate struggle of life's contest with disease.

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Homeopathy is either a truth or a lie. It is either sufficient for the idiopathic needs of humanity or it is a lame excuse for a science. It is either a never-changing principle, co-equal in reliability with the law of gravitation and other fixed precepts in nature, or it is a fraud, a delusion and a snare. With me as time rolls on and my experience and observation broaden and deepen I become more and more convinced that my preceptors of thirty years ago knew what they were talking about when they advised me to let allopathic measures alone and adhere to straight homeopathic doctrine and practice. They had had thirty years of the one and had abandoned it absolutely. To them homeopathy was all-sufficient. To Hahnemann it was all-sufficient. To Hering and Dunham it was all-sufficient. It ought to be all-sufficient to us, and it will be if we but give it that earnest thought and loyal study which characterized the men whose heritage we today enjoy.

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Materia Medica and Therapeutic Hints.

Prevention of Tartar.—Rinse the mouth freely once a day with water in which a pinch of alum has been dissolved. It is harmless to the teeth and keeps the gums in good condition, preventing the accumulation of tartar.—C. N. Pierce, *International Dental Journal.*

Tender Nipples.—Tender nipples can be relieved by washing them in a mixture composed of equal parts of olive oil and subnitrate of bismuth. It makes a preparation that does no harm to the infant, and is cooling, refreshing and healing. Try it in your next case of tender nipples.

Treatment of Tetanus.—Statistics of treatment by tetanus antitoxin are quoted in *La Riforma Medica*, showing a mortality of from 50 to 80 per cent.; contrasted to this Bacelli's method of treatment by hypodermic injection of carbolic acid has given brilliant results, the mortality being estimated at from 12 to 30 per cent. The dose should never be less than 1 centigram to the kilogram of body weight; 3 grams have been administered daily without any ill effect.—*Medical News.*

Antidote for Formaldehyde.—In view of the fact that this chemical is coming more and more into general use as a disinfectant and antiseptic, cases of poisoning from it will become more frequent. We have an easily accessible and reliable antidote in ammonia water. It may be given in the form of ammonia water (a few drops well diluted) or the aromatic spirit or a solution of ammonium acetate.—*Merck's Archives.*

Belladonna in Cholera Infantum.—Belladonna has very many symptoms in common with sulphur, but in those cases where belladonna is called for the cerebral symptoms predominate. Belladonna is especially indicated when the head is hot and the extremities cold, indicating congestion in the brain, the child lies in a stupor, pupils dilated, face either red and hot or pale and cold, the temperature of the abdomen seems higher than other portions of the body. There are frequent startings from sleep. The stools of belladonna are frequent and either green or clay-colored, or else a granulated, slimy, yellow mucus.

Bismuth in Cholera Infantum.—This is one of the precious remedies in this complaint, but at the same time a much neglected one. It is particularly indicated when the stools are watery, offensive odor and painless. There is a great deal of rumbling in the bowels during the stool, and after the stool the child seems exhausted (croton tig. and aloes), the face is pale with blue rings around the eyes. Accompanying these symptoms is a great deal of gagging, but the child only vomits

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when the stomach is full, and then only vomits water not food. With the great prostration of this remedy the body is warm.

Summer Diarrhea of Children.—For summer diarrhea of children we have had pleasing results with the following remedy: Take sulphocarbolate of zinc twenty grains, triturate with two drams of lactopeptine and divide into twenty powders. When giving the remedy dissolve the white of one egg in a glass two-thirds full of water, add one of the powders, stir untti thoroughly dissolved. The dose is a teaspoonful every two hours. This remedy is made up and prescribed at the office when mothers come for medicine for the "baby" and all they can tell is that the child has a very bad diarrhea with frequent movements. It often works wonders.

Arsenicum Alba in Cholera Infantum.—Arsenicum is the routine remedy for the diarrheas of children, and at the same time is one of our best. The symptoms when arsenicum is indicated are so plain there is hardly need of giving them, yet it is a fact that it is more frequently abused than any other remedy. A rule to guide us ninety times out of a hundred is this: Restlessness, and drinking little but often. These being absent arsenicum will hardly be the remedy. Stools are thick, dark-green or brown mucus, or dark or black, watery stools; frequent, scanty, corrosive, offensive, smelling like a carrion. Worse after midnight, eating or drinking, during dentition.

Ichthyol in the Pruritus of Pregnancy.—Doizy (Bull. med., XII, p. 904) has had under observation a pregnant patient suffering from a vulvar pruritus. The disease had resisted all the usual remedies, such as alkaline baths, zinc ointment, hot lotions, chloral solutions, carbolic acid, mercury bichloride, etc., but was finally overcome by the application of a 15 per cent. ichthyol ointment. The author believes that ichthyol is rationally and logically indicated in all cases of vulvar pruritus, and recommends it to be used either as a 10 per cent. ointment, plaster, or lotion (aqueous).—*Amer. Med.-Surg. Bulletin.*

Manganese in Dysmenorrhea.—The black oxide of manganese in 3-grain doses, thrice daily for a considerable period, say three months, has cured dysmenorrhea. It seems to be most useful when the flow is preceded by pain, growing rapidly worse just as the flow appears, and which taper off during the first day at about the end of which it ceases. Its action is upon the nerve centers, and, therefore, not to be given only in palefaced women. It may be given in 5-grain doses, but it is the opinion of some who have used it that the smaller dose is as efficient as the larger one, and that the latter may, if long continued, cause some objectionable signs.—*Medical Council.*

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Cubeba Officinalis.—An incessant dry, hoarse cough, with a sensation of something in the larynx to be removed, accompanied with dryness and smarting in the throat; expectoration difficult, yellowish, greenish or grey, and only follows long continued paroxysms of coughing, call for cubeba. It is useful in catarrhal conditions of the air passages, with copious secretion accompanied by a relaxed condition of the system. Under this drug the bladder becomes involved, especially in young girls, in whom there is frequent, at times almost constant, desire to urinate; when urination takes place there is a great deal of acute stinging and vesical tenesmus which lasts for some time afterwards.—*Exchange.*

A New Method of Inducing Premature Labor.—Consists in introducing the index finger into the cervical canal, previously dilated in primiparae, and then passing beyond the internal orifice. The inferior portion of the membrane is then gently torn with the hooked finger, and by the guidance of the finger, a strip of gauze, impregnated with glycerolate of ichthyol is inserted, which should be placed between the ruptured membrane and the lower segment of the uterus. This maneuvre can be executed by the drawing of the uterus, by means of a forceps applied to the posterior lip of the cervix. The vaginal canal is then packed with sterilized gauze. Labor usually occurs in about ten hours.—*Monthly Cyclopedia of Medicine.*

Subcutaneous Gelatin Injections in Melæna Neonatorum.—Holtschmidt (*Munchener med. Wochenschrift*, 1902, vol. xlix., p. 13), reports five cases of melæna neonatorum occurring in the gynecological clinic at Dresden during the year 1901, in which subcutaneous injections of a 2 per cent. solution of gelatin were used. During the seven years from 1894 to 1900 seven of the fourteen cases of melæna occurring in this clinic resulted fatally. All of the five cases occurring in 1901 recovered. As a rule, 15 c. c. of gelatin solution were used, and in two instances only was this repeated. While four of the cases positively recovered, one child left the hospital on the ninth day in a very serious condition, although there had been no hemorrhage for five days.—*Med. Review of Reviews.*

Æthusa in Cholera Infantum.—This is a splendid remedy in the beginning of these cases of cholera infantum, but it has one great weakness, and that is an inability to complete the cure. It is called for when the child will nurse and immediately throw up the milk in great curds, or will immediately vomit it in just the same form as taken. The stools under this remedy, Bell states, are light yellow, or thin, greenish, profuse, and inodorous when of a greenish color. After stool the child falls

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into a deep sleep from exhaustion, but will nurse again as soon as it awakens, to repeat the performance. One peculiarity of the vomiting seems to be the absence of nausea. Sulphur will most frequently be the remedy needed to complete the cure commenced by æthusa.

A New Sign of Infantile Pneumonia.—Weill, of Lyons (*Revue Mensuelle des Maladies de l' Enfance*, October, 1901), calls attention to a new sign that is nearly always to be observed in pneumonia, and has been encountered only in this disease. This is a lack of expansion confined to the subclavicular region of the affected side, even and especially when the pneumonia affects the base. It is an early sign which is observable from the first day, and often lasts through the whole course of the disease. In practice this sign is easily elicited by observing the chest while the patient is in the dorsal position and the breathing is regular. The difference of expansion on the two sides may then be readily observed. This may be better appreciated by passing the hand alternately over the apices, or a stylet may be used to emphasize the difference in expansion on the two sides.—*Am. Jour. Med. Sciences.*

Skin-Grafting.—Last month we had something to say about the incorrigibly brutal malpractice of the regular surgeons in skin-grafting, which some of them were tempted to think too severe. They may be easily convinced that no comment could be too severe—provided they are not impenetrable to conviction—by reading, and afterwards testing, if they please, the successful skin-grafting record on pages 679, 680, by Dr. T. J. Biggs, Stamford, Conn., before five visiting physicians and surgeons; using only *callus Shavings* in one case, and *skin-scrapings* in another, each application being nourished to perfect reproduction of the skin, by the application of bovine blood, as bovinine. We desire to repeat, and emphasize if possible, the declaration that neglect of this method for the bloody work of the old skingrafter, after half a dozen years public demonstration, is inexcusable malpractice that deserves to be punished as criminal.—*Modern Medical Science, May.*

Sulphur in Cholera Infantum.—One of the best drugs to head the list of diarrheic remedies is sulphur. An authority on cards says: "When in doubt what card to play lead trumps." I have adopted a rule somewhat similar in the practice of medicine, and that is when in doubt what remedy to prescribe, give sulphur. Sulphur is especially indicated when the disease commences after midnight; stools watery, green, involuntary and either have a sour odor or very offensive; frequent vomitings which often possess a sour odor. The accompaniments are pale face, cold perspiration over it (veratrum has cold perspiration on the forehead); fontannelles open; eyes half open; hands and feet cold. To complete the picture of sulphur the abdomen should be flabby,

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the urine suppressed, and the temperature of the abdomen not raised above the other portions of the body. These symptoms enable one to differentiate sulphur from belladonna, a remedy which it resembles very much.

Gangrene During Typhoid Fever.—The following case of gangrene of the skin during an attack of fever typhoid is reported by A. S. Barrow (*Lancet*, Mch. 15, 1902). The woman was married, afflicted with the disease in May, 1901, on its twenty-sixth day she had a severe hemorrhage from the bowels, another twelve hours later, and then she passed into collapse from which it was difficult to arouse her; on the twenty-eighth day a small bulla appeared over the left outer malleolus and a large bulla over the right buttock; both shriveled up within twenty-four hours and left a black patch beneath them, devoid of sensation. The site of the bulla over the malleolus formed a slough which was removed, leaving a punched-out ulcer one-inch long and one-half inch wide extending down to the subcutaneous tissue. The bulla over the buttock formed a slough more gradually, but in ten days a large slough was removed, leaving a deep, excavated ulcer with sharply punched-out edges, one and one-fourth inches deep, three inches long and two inches wide. This was slow in healing, but with the patient lying chiefly on her face a good result was obtained. The ulcer over the malleolus healed speedily. There were no bed-sores and the nursing was in the hands of a competent person.—*Medical News.*

Icterus Neonatorum.—There is a physiologic icterus which occurs within a few days after birth, and is found present in about 75 per cent. of all infants. It occurs frequently in cases where ligation of the cord has been delayed. In many cases it occurs without any apparent cause. There is no doubt that the principal cause is the change from the intra-uterine to the extra-uterine circulatory mechanism. It usually begins on the second or third day, and may continue for a week or two weeks. There are no special symptoms accompanying the condition. The urine and fecal discharges are not changed in color, as in ordinary cases of jaundice.

Birch-Hirschfeld says that "it is difficult to avoid associating the icterus in some way with a disturbance of the hepatic circulation, owing to the transfer of its chief blood-supply from the umbilical vein."

There are many theories offered for the cause of icterus neonatorum. Nothing conclusive has been brought forward. Cohnheim in a number of autopsies made on this class of cases failed to substantiate the conditions that Birch-Hirschfeld described.

These cases usually improve nicely without any special treatment. Bathing of the entire body daily with tepid water helps to improve the

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condition. Great care should be exercised on the part of the mother or nurse to see that the child be fed regularly, thus aiding perfect digestion. Remedies that could be given are bryonia, chamomilla, chelidonium, chinchona and nux vomica.—*Homeopathic Journal of Pediatrics.*

Suggestions to Anesthetists.—Under this title De Tarnowsky advises as follows:

1. Always reassure the patient before beginning an operation.

2. Avoid or lessen the sense of suffocation by starting with a small amount of the anesthetic, holding the cone six inches from the patient's face, and decreasing the distance by gradual degrees.

3. Count out loud from one to a hundred, requesting the patient to repeat the numerals after you.

4. Push the anesthetic so soon as the higher centers show incoordination.

5. Always keep the lower jaw well forward, and only use the mouth-gag and tongue forceps when necessary.

6. During complete narcosis, watch (*a*) respiration, (*b*) pulse and facial artery, (*c*) pupils.

7. Consider (*a*) lateral rolling of eyeballs, (*b*) deep sighing respiration, (*c*) deglutition movements, (*d*) the hiccough which precedes the act of vomiting, as signals to push the anesthetic. The precursory hiccough is always a positive sign of returning reflexes; by immediately pouring an ounce of ether on the cone and precluding air, it is always possible to prevent actual vomiting.—*Ther. Gaz.*

Whey in Typhoid Fever.—Diet in typhoid fever, especially during protracted attacks, is a question which often troubles both the patient and the physician. Recently in Great Britain whey has been used as a partial or complete substitute for milk. A. T. Bridham (*Lancet*, Mch. 15, 1902) gives the following note on the subject. Quoting P. G. Selby he reviews a series of seventy-three cases with a death-rate of 2.7 per cent. This series appeared in the *Lancet*, November 2, 1901. Since then S. J. Gee of St. Bartholomew's Hospital, London has treated four cases entirely and one case partially with whey. All did well. One of these cases deserves special notice on account of its severity and the favorable issue under this more or less new departnre in treatment. Without reporting the case in detail, the most noticeable points were the following: Although repeated hemorrhages and other marked symytoms were present, there was no distention of the abdomen. Another patient taking one-half pint of milk with whey showed more distention on the third day after admission than did the first throughout his illness. From the size and thickness of the sloughs which accompanied and followed the repeated hemorrhages the author is convinced that had the patient's

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intestines been distended perforation must have followed. Delirium was also absent throughout the disease except for a short time on one or two occasions. There was no serious diarrhea in spite of the severe ulcerations. The bowels were loose, but never troublesome. It appears that possibly these three symptoms are often much aggravated by toxins due to decomposing milk curds. With regard to the state of the mouth and tougue, no change for the better was found because it was dry and cracked and difficult to keep clean.—*Medical News.*

Agurin.—A New Diuretic.—Although the materia medica abounds in drugs having a diuretic action, but few of them can be considered pure diuretics, the majority producing their effects in an indirect manner. Among the pure diuretics theobromine has been extensively employed in late years in the form of the salicylate. This preparation, however, is not free from irritating effect upon the gastro-intestinal tract owing to the contained salicylic acid, and for this reason Dr. Impens, of Brussels, after considerable experimentation succeeded in producing a double salt of theobromine sodium and acetate of sodium, to which the name agurin has been given. This preparation has been made the subject of extensive clinical studies in the clinics of Professors von Litten, of Berlin, Destree of Brussels, Buchwald of Breslau, and von Ziemssen of Munich. The results of these tests have shown that in the dropsy of cardiac disease, agurin is a prompt and reliable diuretic, free from any irritating effect upon the digestive organs or kidneys, while in some cases of ascites due to cirrhosis of the liver and in cases of edema from chronic interstitial nephritis, without marked destruction of the renal epithelium, the drug acted efficiently. The diuretic value of agurin is further confirmed by some conclusions presented by Dr. A. C. Barnes (*Medical Record*, May 24, 1902), in a discussion before the American Therapeutic Society, according to which the acetates form double salts with theobromine which are soluble and are powerful diuretics, of which agur is a type.—*Medical Review of Reviews.*

Acid Resisting Group of Bacteria.—Drs. A. C. Abbott and N. Gildersleeve of Philadelphia have made a series of studies on the properties of these organisms which seem closely allied to the tubercle bacillus. These micro-organisms have been found in timothy, in butter, in cheese, and in many excretions, but, according to Dr. Abbott, they may be readily differentiated from the tubercle bacillus because of their lessened resistance to the action of the inorganic acids. The tubercle bacillus will stand stronger acids and for a longer period of time without decolorization. Thus, with 5-per-cent. sulphuric acid the tubercle bacillus will resist decolorization for twenty minutes and strong 15-per-cent. nitric acid five minutes, while all of these related bacteria will withstand

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the former acid for only five or six minutes, and the latter strength of acid but a few seconds. It is further brought out that these bacteria are capable of inducing nodular tumors which in some respects are suggestive of the tubercle of tuberculosis, but no one nodule ever has all the typical characteristics, whereas if every tumor be studied practically every change will be found. Caseation is rare in these experimental tumors. Another point of difference may be noted in that the acid resisting group rarely causes pulmonary lesions, whereas its chief pathological activities are exerted on the kidneys. Furthermore no reaction to tuberculin has ever been obtained in animals infected with members of this group. The authors are disposed to regard these forms, with the tubercle bacillus, as a distinct group, more closely allied to the actinomyces than to other forms of plant life. In discussion Dr. S. Flexner of Philadelphia pointed out the fact that the histology of the tubercle caused by this group of organisms is quite dissimilar from that brought about by the bacillus tuberculosis. The giant cells resemble those of foreign body giant cells, and the general type of tissue more closely resembles granulation tissue than it does true tubercle tissue.—*Medical News.*

Tuberculosis of the Heart.—The following is abstracted from a memoir presented to the medicine section of the British Congress on Tuberculosis, July, 1901, by H. Newton Heineman, M. D.:

In the past this condition has been considered very rare, but improved staining methods are furnishing us with more frequent cases.

Tuberculous endocarditis rarely occurs save in acute general miliary tuberculosis; usually no physical signs are to be detected because of the rapid progress of the disease. Two forms are met with: that of granules or nodules, and that of cheesy masses.

Tuberculous myocarditis is most frequent in the ventricles. The tubercles usually are the transparent miliary nodules of acute general miliary tuberculosis. They may be large and yellowish, of the size of a pea or as large as a walnut. Least commonly there is diffuse cheesy degeneration.

The diagnosis of the foregoing affections is very rarely made during life. In infants we find the miliary form; in old age, the cheesy nodules. The favorite seat of the lesion is the conus arteriosus of the right side, the great papillary muscle, and less frequently the ventricular endocardium.

The mode of infection is probably through the blood-vessels.

Tuberculous pericarditis usually follows tuberculous infection of other organs. The pericardium may be adherent, it may contain sanious

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fluid, the membrane may be studded with cheesy nodules. Over these there may be a layer of tuberculous granulation tissue.

Persons of all ages are liable to this form of pericarditis.

Many cases are recognizable during life, and in many the disease is not diagnosed until the autopsy.

At the conclusion of the paper the author described the methods of staining used in preparing sections of the diseased tissues.—*Med. Review of Reviews.*

The Hereditary Effects of Alcohol.—J. M. French (*Medicine*, January, 1892) says that the fact of the transmission of inebriety is admitted by all observers, who only differ as to its comparative frequency. It may be of three varieties: direct, as when the craving for, and the special susceptibility to, alcohol are transmitted to another, the form remaining substantially the same; secondly, indirect, as when inebriety in the patient or some remote ancestor results in debilitated constitutions and degenerate conditions; thirdly, complex, as in cases where various forms of degeneracy, disease, and mental and nervous imperfections exist in several generations, finally resulting in inebriety in a succeeding generation.

"In fifteen years' constant study of these cases," says T. D. Crothers, "I have never seen a family of moderate drinkers that was followed by robust, healthy children. I have seen some very bright children from such parentage, but in every instance they died out early, from some degeneration which a more vigorous race would have overcome. I believe no fact can be substantiated by more conclusive evidence than this. The children of moderate or excessive users of spirits are always weakly, and of more unstable brain and nervous system; more liable to be inebriates, to suffer from nervous diseases, to be insane, to die of consumption, to be defective in every way, and to die early."

The statistics of alcoholic heredity gathered by Le Grain, of Paris, are especially interesting. Out of 814 children of alcoholics observed by him, 322, or 40 per cent, were degenerates. Seventeen of these were epileptic or hysterical. By adding 174 who had not strength to survive, but died of infantile weakness and debility, the percentage runs up to 61. Four per cent showed distinct moral impurity. The number of children who became alcoholics is not given.

Thus we see that alcohol is the greatest cause of degeneracy, both mental and physical. When not an inebriate, the subject is likely to be diseased, degenerate, mentally unstable or unbalanced, fanatical, eccentric, or a genius. Inherited inebriety develops rapidly, at the first exciting cause. The subject cannot be a moderate drinker. He is a total abstainer or a drunkard. Inherited inebriety is difficult to cure,

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and when apparently cured, the subject is extremely liable to relapse.—*Am. Jour. of Ostetrics and Diseases of Women and Children, April, 1902.*

Surgical Hints.—To tap the bladder in very fat men, observe the furrow which runs transversely above the pubic fat, and tap where this line crosses the linea alba.

In severe epistaxis, or after operations in which patients swallow much blood, they are likely to be considerably nauseated. The stomach may be washed out, or else the patient may be given some bicarbonate of soda, or a good dose of pepsin.

From the standpoint of the surgeon every attack of appendicitis leaves the patient in worse condition than he was before, because each one increases the number of adhesions, and makes subsequent operative work more difficult and hence more hazardous.

When patients are in good condition it is best to give them no food for twelve hours before operating under ether. If, however, they are quite weak, it is often advisable to give them a cup of clear broth three hours before the operation, and, in some cases, a little whiskey one hour before.

In tapping the chest, it is well to remember that a line drawn horizontally from the nipple around the chest passes over the sixth intercostal space midway between the sternum and the spine. This rule may prove serviceable in stout people in whom it is difficult to count the ribs.

Never allow a stitch to remain in the skin any longer than is absolutely necessary. In vascular tissues, such as those of the face and hands, union, if it is to take place by first intention, is so rapid that two or, at most, three days are often long enough to leave stitches in.

In operation upon alcoholic subjects it is often wise to give them a drink of spirits an hour or less before its performance. These people are more restless than others, and often require a greater quantity of the anesthetic to abolish sensibility, but long deprivation of drink, if anything, only tends to intensify these unfavorable tendencies.

To open a blister upon the foot or hand, pass a needle a few times through a flame to disinfect it, and introduce it in the unaffected skin about an eighth of an inch from the blister. Select the most callous part, as this will make the procedure painless. Push the needle towards the blister and under the raised skin and then withdraw it. This will form a small channel through which, on slight pressure, the fluid may be evacuated without risk of breaking the blister.—*Int. Jour. Surgery.*

Spigelia for Worms.—This remedy was introduced sometime about the year 1748 as a medicine for destroying intestinal worms; and the old

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school is content even yet to know such a valuable remedy as a vermicide. Hahnemann, by proving, extended its field of usefulness, and precisionized its indications. Dr. Wm. Boericke has written a very helpful article showing its wide sphere of usefulness in therapeutics when selected according to law. (*Medical Century*, Sept.) Spigelia is a remedy for the symptoms due to the presence of worms, especially in strumous, feeble and precocious children. You will find in such cases that it will dissipate quickly such symptoms as fever, dry hot skin, constipation, capricious appetite, and nervous irritability or timidity. Such a child may refer much of its distress to the region of the navel (the similarity to cina will be noticed). It will prove beneficial in disordered states which simulate helminthiasis. In short, then, spigelia cures because it has the power of producing the symptoms commonly met with in cases such as we have described. (From large doses of spigelia we notice: Dilated pupils, flushed face, quickened pulse, heat and dryness of skin, spasm of the facial muscles, convulsions, itching on the nares, nausea rising into the throat, burning red cheeks and lips, and marked abdominal pains).

Dr. Stille, an active old-school observer, mentions the fact that there is a state of intestinal derangement presenting all the symptoms of lumbricoid ascarides, which is most frequently observed among strumous, feeble children. Then he mentions a list of symptoms quite similar to those found in the pathogenesis of spigelia, and winds up by announcing that "these symptoms are often dissipated by spigelia without causing a discharge of any worms." Thus does the dominant school unconsciously (?) testify to the truth of similia. Dr. Boericke calls attention to the fact that the provings of all anthelmintics show them capable of causing all the so-called "worm symptoms." This they do by acting as irritants to the intestinal tract, and arousing reflex irritations as well as direct irritant action on the brain and cord. They are, therefore, all homeopathic to worm symptoms; whether caused by parasites or other irritants in the intestinal canal. Both methods of administering the remedy—the large dose of the old school and the minute dose of the new—are rational procedures. The only advantage of the large dose being the immediate removal of the worms and consequent disappearance of the reflex symptoms. But, at best, this is but a palliative effect, for the condition of the system producing the favorable ground for the existence of the parasites remains unchanged. On the other hand, the minute dose of a properly selected homeopathic remedy acts permanently and curatively by changing the constitutional defects, giving rise to the favorable conditions of worm life. To accomplish this desirable end, the physician must treat his patient upon totality of symptoms, rather

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than for the name of any particular disease.—*The Hahnemannian Monthly.*

Virtue of Fruits.—If our bilious friends would throw aside their liver pills and study nature in her most smiling and courteous mood, they would allow her to tempt them as Eve tempted Adam; they would take to fruit, and by pleasant, natural and healthful methods free themselves of the thick, bilious impurities which make them a nulsance to themselves as well as to all around them. Fruits not only furnish nutriment; they carry water and various salts and organic acids into the system in order to stimulate appetite and improve digestion. Like all other foods, if eaten improperly they will disagree. Cooked fruits may be eaten with any meal, but when fruit is used for special dietetic purposes, its effect is always more pronounced if taken alone, either at the commencement of meals, or better, between them. The poorest time for eating fruit is at the end of a very hearty dinner at which considerable variety of food has already been consumed. Fruit in general is less wholesome when eaten out of its natural season.

Fresh fruits, such as oranges, shaddocks and others of that character, are better taken before breakfast than after, provided this agree with the person.

Many persons cannot eat strawberries because of the acid they contain. A little white pepper sprinkled on the fruit counteracts the effect of the acid without impairing their delicate flavor.

One of the most pleasing mixtures of fresh fruits is that of large, ripe, red raspberries and white currants, blended with a syrup flavored with orange and lemon juice, and frapped. Punch or fruit mixtures of this kind may be served at various times, as the first course of a luncheon or breakfast in warm weather, as desert at an informal luncheon, or in place of and in the same way as a frozen punch after the roast. It can be made of all sorts and conditions of fruits, canned, preserved or fresh. Such combinations belong to the chapter in cook books which should be headed: "To be mixed with taste and skill." Certain directions and suggestions are mentioned as guide posts only, but the selection and blending, the flavoring and serving, are matters of individual taste and cultivation.

Bananas, which contain a large percentage of starch, are highly nutritive. If eaten at the beginning of a meal they are better baked. To prepare six bananas in this way, make a syrup of the juice of two oranges, one lemon and half a cup of sugar. Put the bananas in a flat granite baking dish and cover with the juice. Put in a fairly hot oven and bake for twenty or twenty-five minutes until the fruit cooks fairly clear. Baste occasionally and if necessary turn the bananas over once

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so that the juice may be distributed evenly throughout. After they are baked, remove from the syrup and cook the latter to a jelly; then put the jelly over the bananas and chill. Serve as a dessert.

For a person recovering from typhoid fever bananas cooked in this manner are said to be very beneficial. Care should be taken, however, that they are thoroughly baked, so that all the starch has been turned to sugar.—*Alkaloidal Clinic.*

Rational Treatment of Constipation.—In a paper read before the Inland Empire Clinical Society, published in the *St. Paul Medical Journal*, J. R. Leadsworth says that constipation would seem to be much more common, were its remote symptoms recognized. Bouchard thinks that nine-tenths of the migraines are caused by intestinal intoxication, and that all putrid fermentation should be expunged from the intestinal canal. Osler gives the local causes as weakness of the abdominal muscles, obesity, improper dress, sedentary habits, and repeated pregnancies; by far the most common cause being the atonic condition of the large bowel, particularly the sigmoid flexure.

The majority of persons in a normal condition have one stool each day, although many consider a call once a week not an abnormal one. Drug medication is not to be relied upon. The salines, which appear to be popular, usually depend for their efficacy on sulphate of magnesium or sodium. Lockwood states that one of their effects is to greatly reduce the production of hydrochloric acid and the digestive ferments. Another is the production of atony of the wall of the stomach. The drastic purgatives, as aloes, rhubarb, podophyllin, cascara, and the like, not only depress the secretory power of the stomach, but congest the mucous membrane. Serum exudes from this congested membrane, and a watery stool is the result. The contra-indications to the use of salines and vegetable cathartics are: (1) conditions characterized by diminished secretory power; (2) conditions of diminished muscular power of the stomach and intestines; (3) conditions of inflammation of the stomach or of the large or small intestine; (4) in children, owing to their proneness to inflammation of the intestinal mucosa.

As a rational treatment, all the causes of the disease must be carefully avoided; the sedentary man must take abundant exercise; horseback and bicycle riding and walking are excellent. Another measure is vigorous kneading and percussion or the abdomen for eight or ten minutes several times a day. In the matter of diet, an abundant use of fruit is excellent. One or two oranges before breakfast, a couple of apples at breakfast, the free use of steamed figs and stewed prunes can be recommended in nearly all cases. Where fruit cannot be taken, coarse grains, cracked wheat, oatmeal, graham or bran bread or bran

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cakes, with such vegetables as string beans, green peas, asparagus, and such others as are easily digested should be used.

In the relief of very obstinate cases, the author has had great success with sinusoidal electricity. The author mentions a typical case that attained relief. The application is made as follows: A large abdominal electrode is applied over the abdomen, the other electrode being introduced up into the rectum. A slow sinusoidal current to the point of tolerance is allowed to pass for ten minutes daily, until the requisite effect is produced. The author thinks that this current is very efficient in restoring tonicity to the abdomen and muscular structures.

Another efficient agent is the graduated enema. This form of intestinal irrigation is administered in the same way as the ordinary enema, and differs from it only from the fact that the water is gradually diminished each day, and the temperature lowered. Beginning with three pints of water at about the body temperature, the amount is diminished by one-half pint each day, one-fourth of a pint of cold water being added, so that the net decrease is one-fourth of a pint each day. At the end of the twelfth day the enema consists of four ounces of cold water. In most cases the decrease in temperature compensates in stimulating effect for the diminished quantity. The graduated enema is exceedingly useful as a means of overcoming the enema habit. Cold water produces a movement of fluid toward the intestinal tract, and thus is of value in constipation due to excessive dryness of feces. Distention of the colon in many cases results in damage, so that only the amount of water necessary should be used. Because of its relaxing effect upon the muscular walls, the warm enema soon loses its efficacy.

One or two glasses of cold water taken one half hour before breakfast, prove in most cases almost a perfect panacea for chronic inaction of the bowels. A leading physician of New York City treated successfully more than one hundred cases by this simple means.— *Western Medical Review, Dec. 16, 1901.*

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THE MEDICAL VISITOR

WILSON A. SMITH, M. D., EDITOR.
GEORGE R. HENNIG, BUSINESS MANAGER.

AUGUST 1st, 1902.

[The editor of THE MEDICAL VISITOR is not responsible for any opinion expressed by its contributors. Everyone has a cordial invitation to contribute upon any subject connected with medicine or allied sciences. We believe in a broad medical platform, and the only restriction is that contributors shall be free from all personalities.]

Articles for publication, books for review, exchanges, etc., should be sent to the editor, Morgan Park, Illinois, and all business communications to the Business Manager, 95 Wabash Avenue, Chicago, or Lansing, Mich.

Editorial.

THE AMALGAMATION OF THE SCHOOLS.

If the amalgamation of the schools would be such a good thing as some liberal (?) homeopaths suggest, how would it do to have the American Institute of Homeopathy the homeopathic therapeutic section of the American Medical Association? If it would be a good plan to practically destroy all our colleges, save one, in Chicago, how would it do to merge all the journals into one, or rather have each journal represent one distinct branch of medicine?

Would it not be better that we make sure of our reception by the old school, that is the spirit in which they would accept us, before we even suggest making any Homeopathic Medical College a special department of a great university whose governing spirits in medicine are allopaths? Would it not be better that a man might be sure of his position, and that universities, say like the Pennsylvania University, would permit a physician to practice homeopathically and still permit him to attend post-graduate instruction in said university, before we crawl on our bellies to the gods of serum therapy?

Many of our old school friends have had a dream. They realize the paucity of their therapeutics when it comes to curing the sick and are restless under the results obtained by their best prescribers. Many of these men have practically thrown medicine away and are depending almost solely upon diet and hygiene to enable the patient to overcome the inroads of disease. Osler is the most noted example of the latter-day saints of the expectant school. These men have dreamed their days are numbered, when it comes to internal medicine, and are looking

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for a Joseph to interpret the dream. Homeopathy is that Joseph they are searching for and quite a few are realizing this.

They do not believe in homeopathy, hence, seeing the important positions being given to homeopathic physicians, insane asylums under their control, departments in state universities, etc., they have come to act the part of Potiphar's wife and are undertaking to seduce us with bland-like words. Alas, and alack, we find some in our school who have not the back-bone of Joseph and are ready to sell themselves.

But now?

Yes, now, is the time when homeopathic physicians, and by that we mean homeopathic physicians, not mongrels, should take a firm stand, and say to the old school we are willing to permit you to have your societies, to have your colleges, to have your journals, and give you credit for what you do, but in return we demand for ourselves *precisely the same treatment.* When that treatment is accorded to us we will meet with you, discuss the best methods of healing the sick in a spirit of fairness and will then be content to abide by the result. Is not this a fair proposition?

"WHERE AM I AT?"

We commend the short article in this issue, under the above heading, to a careful reading by every subscriber of our journal. The experience of Dr. Fahnestock is no different than has been the experience of many other doctors who have sent their patients to a supposedly homeopathic physician to have that patient return with much less respect for homeopathy than ever. His experience is somewhat similar to ours when first locating in this suburb of Chicago.

One night we were called to see a wealthy family, patients of a prominent surgeon, then residing on the south side of the city, a man whom we had listened to in our younger days. The mother of the child that was sick informed us after we had asked for a glass of water and put in fifteen drops of the remedy we considered indicated, that "Prof. So-and-So used to put in three or four different remedies so as to be sure to hit the case." We told her Prof. So-and-So must be a better materia medica man than ourself but the result of that prescription ended our experience in that family and now they employ an old school physician, although the professor is still living in Chicago.

Thank God he is lecturing no more to homeopathic students and the chances are that he will never lecture any more in a homeopathic college.

But where am I at? Here, to practice homeopathy, as best I can,

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until a better way is shown me, until a scientific method is made clear wherein the death-rate is smaller than it is under homeopathic treatment. I am not where the scientific treatment of pneumonia loses nearly twenty per cent. of its cases nor where the death-rate in cholera is nearly eighty per cent. But such men as Dr. Fahnestock mentions are Judases. They have no part nor parcel in the homeopathic school, and a common sense of decency ought to compel them to rise to a high enough standard to enable them to renounce the affiliation with us and unite with the old school, where they belong.

As soon as they are found out the respect of their confreres is lost, and they have no standing with the old school. Every man is entitled to his honest opinion, he has an inalienable right to believe what he pleases but he possesses no right to proclaim that he is one thing and then practice—God only knows what. It is not homeopathy, and ten times out of eleven it is not good allopathy. It is not eclecticism as that is understood.

Where am I at? I try to be honest, if nothing else; I believe what I teach and try to practice what I preach. I believe in the single remedy, the minimum dose, and do not believe the manufacturing chemist knows any better what to give a patient who comes to me than I do. I hunt for the curative agent and am not afraid to tell an intelligent patient that his condition is obscure and I need a little time to decide just what remedy he needs. I do not think that cascara compounds are any better to move the bowels, if a cathartic is needed, than small doses of calomel, nor that the coal-tar combinations can reduce a fever with any better results to a patient than such febrifuge as may be indicated whether it is aconite, veratrum viride, or gelsemium, or whatever may be called for.

Where am I at? I am standing by my colors; I am not a hypocrite when it comes to medicine, nor do I get up before a number of my colleagues and tell of the wonderful cures I have accomplished either with the single remedy or the high potency, and then sneak around some prescription case and write out a prescription calling for a half dozen or more ingredients. I am not advocating the amalgamation of the homeopathic colleges with the old school any more than I am advocating the union of the churches of the Orient, and their idolatrous worship, with those of the occident which believe in something higher than images and dogs and snakes.

If The Medical Visitor stands for anything it stands for homeopathy. It does not advocate extremism on either side. It does not believe pathological processes, like the bursting of a carbuncle because it is "ripe" is due to the administering of a high potency of the 'steen

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millionth, nor does it believe in the polypharmacy of the old school nor the intense advocacy of the bacteriologist who claims to have all things by the horns, and the rest of the mortals who fail to accept their dictum ought not to be classed as fools.

Like Dr. Fahnestock, who does not say so in his short communication, but does say it between the lines I believe, in fact I know, *die milde macht ist gross*, and that Similia Similibus Curanter expresses an absolute truth.

HOMEOPATHY, EXCELSIOR!!

THOMAS CATION DUNCAN, M. D.

Hundreds of the physicians in and around this city were greatly shocked when the news of the death of Dr. T. C. Duncan was announced on July 16th. He had been ill but a few hours when heart failure supervened and his life was ended.

Thomos Cation Duncan was born in Kinross, Scotland, in 1840, and was in his sixty-third year. He moved with his family to this country when but eight years of age, and during his boyhood attended Milton college, from which institution he graduated in 1862. After finishing his course he enlisted in the Union army, as a private, rose to the rank of major for bravery, and was mustered with honor and distinction at the close of the war.

Dr. Duncan was married to Miss Emma Osborn, of Kenosha, Wisconsin, in 1864, and located in Chicago soon after. He graduated from Hahnemann Medical College in 1866. Soon after his graduation he became the editor of the *United States Medical Investigator*, which journal he published for a period of about twenty years. He joined the American Institute in the same year of his graduation, and has been one of the few faithful members during all these years.

Dr. Duncan has been a member of nearly every college faculty in this city, his first teaching experience being in Hahnemann, but which school he left to cast his fortunes with the Chicago Homeopathic College when it was first organized. He remained in that school for some time, but after awhile he resigned. Since that time he has been connected with the National, and still later with the Dunham, but he resigned from the latter institution last year when there was such a disruption of the faculty.

Dr. Duncan was a lovable man. He had but little venom in his make-up, and stood ready to forgive any one for injury which they heaped upon him. He was a great worker, not much given to original lines but as a compiler he stood above the majority. He has often been maligned, but the most of those who traduced him have gone to their

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reward—whatever that is. He wrote several works, the largest and most pretentious being his Diseases of Children, which at one time was the best work in our school. His latest effort in a scientific line was his Work on the Heart, which had a good sale.

One son and the widow survive him.

W. A. WHIPPY, M. D.

On Tuesday, July 29th, the death of Dr. Whippy, of Goshen, Ind., occurred. Dr. Whippy was the pioneer homeopathic physician of Elkhart county, and one of the oldest physicians in active practice at the time of his death, in that state. He had practiced medicine for nearly fifty-three years.

The following is taken from the Goshen *Daily News-Times:*

Deceased was born in Lockport, Niagara county, N. Y., September 2, 1826. Both his paternal and maternal ancestors were colonial settlers in New England. He received an academic education and at the age of eighteen began the study of medicine, his preceptor being of the allopathic school. After three years' study and attending medical school, he began practicing at Bath, N. Y., where he practiced for three years. He then became interested through a friend in the Hahnemann or homeopathic system of medical practice and after investigating it became a convert to this system, attending lectures at the Chicago college of that school. After a few years more practice in his native state he moved to Winona, Minn., where he followed the practice of his profession until his removal to Goshen, in 1868. He built up a large and lucrative practice, which he held until ill health caused him to do less active work and finally compelled him to abandon active practice altogether, his son taking charge of his office and practice about a year and a half ago.

In addition to being graduated from the Hahnemann Medical College of Chicago, he studied under John F. Gray, the first American homeopathist, and gave lectures on medicine. Many excellent practitioners of today were students under Dr. Whippy, including Dr. M. K. Kreider, of Goshen; Dr. W. H. Thomas, of Elkhart; Dr. Meyers, of South Bend; Dr. Kirkland, of Massilon, Ohio; Dr. Joseph N. Watry, the head of the eye and ear department of Hahnemann College of Medicine of Chicago and Dr. G. A. Whippy.

Dr. Whippy and Hon. David B. Hill were warm friends, the doctor having been instrumental in securing Mr. Hill's first position in a law office.

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He was secretary of the city board of health for some years, serving on the board from 1872 to 1882.

His office had been located in the T. J. Kessler building on West Lincoln avenue for sixteen years, the late owner having had the building constructed for the doctor's use. Prior to that time his office was located on the second floor of the McAlister block on West Lincoln avenue, now owned and occupied by Dr. A. J. Irwin.

Deceased was prominent in all public matters as he was in his profession. He was a member of the Masonic order and was a charter member of Calanthe Lodge, No. 41, Knights of Pythias, and a member of Division No. 11, Uniformed Rank. He was the first chancellor commander of Calanthe lodge. He was a member of the city board of education and did much during his term of service to improve the schools of Goshen. In politics he was a life-long democrat, but never aspired to political perferment.

He was twice married. His widow was formerly Miss Mary T. Harth, daughter of Makish Harth, a native of Denmark, to whom he was married in 1868 at Winona, Minn. She and her three children survive a loving father and indulgent husband. The children are Dr. George A. Whippy, who succeeded to his father's practice; Lyman Burr Whippy, a young attorney of this city, and Winnie M., wife of E. P. Jones of Cleveland, Ohio.

Dr. Whippy was a most companionable man, of attractive personality and retained the friendship of a very large circle of friends, who join in expressions of sympathy to the family in their sad bereavement.

We trust that as many western members, as possible, will attend the meeting of the American Institute at Boston next year. It will be easy of access, through trains running from Chicago to that city, and hotels to suit all are found in the "Hub." Then nothing will be left undone to add to the pleasure of the meetings from a scientific or social standpoint.

This amalgamation scheme of some of our homeopathic (?) brethren reminds one of the Irishman and his dog. The Irishman owned a pup which one day concluded to tackle an engine coming down the track at forty miles an hour. He tried to call the dog off but not a step would the pup move. He stood there with his tail up, his back curved ready to do battle. Finally he gave up in despair and exclaimed "Go it, ye fool ye've lots of pluck but divilish poor jedgement." It may be that these fellows have poor judgment. What think you?

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The attendance at the meeting of the American Institute, and the attendance upon the sections, during the Cleveland meeting was a testimonial to the wisdom of holding the meeting in a place it was easy to reach. The plea for a meeting place where all can be quartered in one hotel does not hold good, for in not a single meeting of the Institute has it been possible to have all the members in one hostelry. At Richfield Springs they were scattered in different parts of the town, and that has been the history of the Institute during the past fourteen meetings since we joined.

If as much effort was put forth to improve our knowledge of materia medica as there is to study bugs there would not be the tendency of young men to wander away from the fold. It is strange that our older physicians do not see this. Give us articles upon the treatment of everyday diseases. These are the things which interest the young man. Do not claim that anything is a specific for a name, like some do for antitoxin, and yet use all the standard remedies for that complaint. It misleads. Admit it is a splendid adjuvant in this condition, but do not declare it is specific. Then the young practitioner will know how much value to place upon your writings.

The tendency of the homeopathic colleges is to become more and more homeopathic. In every college there is noticed a sloughing off of those who are lukewarm in their advocacy of the homeopathy. The prescriber of compounds, and combination tablets is slowly but surely seeking his level and in less than ten years it will be difficult to find any one who is not a firm believer in, and competent practitioner of homeopathy in the teaching corps of any homeopathic school. The election of Dr. Cobb to the presidency of the American Institute, one of the staunchest homeopaths of the West, is but a straw indicating the trend of the great national body. It will not be long until the sign may be read "None but a homeopath need apply." Heaven speed the day.

The other day we were called to see a baby with "summer complaint." The symptoms were: sudden and expulsive discharge of stool immediately after eating; great prostration after stool; stool comes out with much force. The choice lay between agentum nitricum and croton tiglii, but the prostration after stool decided the case in favor of croton tiglii. Five doses one hour apart cured the case. We forgot to make a microscopical examination of the feces and, of course, it was not a case

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of diarrhea, hence the prescription had nothing to do with the restoration to health. We should have treated that case *secundem artem;* flushed the colon with saline solution, put ice pack on the abdomen, and given some intestinal antiseptic. We did no such thing and being unscientific we did not cure. Query: What cured?

A couple of weeks since a brother physician met us on the street and remarked, "I am surprised to see a man with your attainments decry bacteriology so fiercely." Now, we deny the charge. Bacteriology is all right, from the standpoint of diagnosis and pathology, but there still remains something of as great importance, if not greater, as the diagnosis, after that is made, and that something *is a cure.* It is for this we are contending; the selection of a remedy, a means to find what will cure, as surely as to find what is the pathological lesion in any given case. Bacteriology confirms the diagnosis many, many times, blood analysis settles the question of "What's the matter?" times out of number, but neither one of these, nor all, leads to the selection of any particular remedy that may be needed in any particular case. What do you care in a case of anemia, for instance, if the blood analysis shows the lack of certain cells, if the symptoms point clearly to permanganate of potash, or arsenic, or ferrum. Don't you want the indicated remedy as well as the diagnosis?

The tendency of the different schools of medicine to meet upon a common ground has received a serious set-back in the following:

"In the future no one but a graduate of a regular school of medicine will be allowed to take any of the post-graduate courses to be given by the University of Pennsylvania."

When the devil was sick, etc., and the *devil* is sick in the old school when it comes to considering internal medicine. Cholera is as difficult to cure under their newer, scientific (?) methods of today as it was fifty or more years ago. The death-rate reaches nearly eighty per cent. which we consider a rather direful result in the treatment of any disease. Until universities, founded by the people, supported by the people and controlled by the people will recognize the right of any citizen, irrespective of his religious or medical belief to enter its halls it remains necessary for those who believe in personal liberty to stand together. What is the matter with our homeopathic brethren of Pennsylvania that they do not carry the fight into the legislature of the state?

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News Items and Personals.

Dr. F. A. Brockmyre, of Canandaigua, N. Y., was recently married.

Dr. E. T. Allen, Chicago, has removed to Morgan Park, Illinois, and is now a neighbor of ye VISITOR.

Dr. A. B. Norton, New York, is spending the summer in Europe, expecting to return on Sept. 29th.

Raleigh, North Carolina, population 12,000, is said to be a good location for a homeopathic physician.

Dr. J. M. Keese, of Syracuse, has for two years had the honor of being the champion golf player of that city.

Dr. C. A. Gwynn, of Auburn, N. Y., recently visited the summer resorts on the shores of Lake Ontario.

Dr. O. M. Wiley (N. Y. Homeopathic, '02) has located at No. 1700 South Salina street, Syracuse, N. Y.

Dr. Pauline Morton, of Rochester, is touring among the Thousand Islands that adorn the beautiful St. Lawrence river.

Dr. J. W. Parmely has returned to Rock, Ill., where he had a splendid business and now expects to make his home.

Dr. W. A. Keegan, of Rochester, has purchased an electric automobile of attractive appearance and phenomenal speed.

Depew, N. Y., a prosperous suburb of Buffalo, is said to be an excellent location for some active homeopathic physician.

The Surgical Society of the A. I. H. elected Dr. O. S. Runnels president, and Dr. J. W. Hassler secretary at their June meeting.

Dr. E. B. Lambert of Port Jervis, N. Y., has been appointed as a member of the Board of Visitors of the Homeopathic State Hospital, located at Middletown, N. Y.

Dr. William Christian Richer died from purulent appendicitis. Dr. Richer practiced in Nappanee, Ind., and was a brother of Dr. Richer of Warsaw. He was born in Peru, Ind., and was twenty-nine years of age at the time of his death.

Dr. Della MacMullen has removed her office and residence to 6502 Wentworth avenue, Chicago. The doctor has built up a splendid practice in her neighborhood and we are pleased to learn of her success.

Dr. Geo. B. Rice, Boston, was elected president, and Dr. J. Ivimey Dowling, Albany, secretary of the Homeopathic Ophthalmological, Otological and Laryngological society at its recent meeting in Cleveland.

Many cripples, blind persons, and people supposed to have incurable diseases are said to have recently been cured by looking at the alleged wrist bone of St. Ann, displayed in a New York City church. The

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altar side is piled high with crutches and braces, said to have been cast aside by those cured.

The Health Department of Buffalo has started a crusade against the bakeries in that city, many of which are alleged to be operated in an uncleanly manner, no protection being made against flies and dust.

Dr. A. D. Carpenter has completed his term as interne in the Buffalo Homeopathic hospital and has opened a fine suite of offices at No. 1118 East Genesee street, which is one of the leading thoroughfares of the flourishing metropolis of Western New York.

Dr. C. S. Cooper, a prominent homeopathic physician, of Skaneateles, N. Y., recently delivered his lecture entitled "Personal Reminiscences of the Civil War" at Mottville, N. Y., for the benefit of the Woman's Relief Corps.

Dr. Ambrose C. Stewart, says the Denver *Critique*, had such heart trouble that it took a handsome young lady and a minister to fix him up. Who says "Divine healing" is a complete failure? We join the others in heartfelt good wishes for prosperity, happiness and long life.

The physicians of Harlem hospital, New York City, recently tried a new method of administering antitoxin on a patient suffering from lockjaw. The House Surgeon injected the anti-toxin into the spinal canal between the second and third lumbar vertebrae once a day for several days, and the patient recovered.

The will of Dr. Seldon H. Talcott, late superintendent of the Homeopathic State hospital at Middletown, N. Y., has been admitted to probate at Goshen. It leaves a fund to the Union school at Waterville, N. Y., to provide for the continuation of prizes in recitation and declamation founded by Dr. Talcott twenty-eight years ago.

The Medical Visitor extends its congratulations and best wishes to Dr. Charles E. Kahlke and Miss Agnes Crawford, who were married on Saturday, June 21st, 1902, at the home of the bride's parents, Berlin, Wis. After a honeymoon trip to Europe the happy couple will return to Chicago, where Dr. Kahlke is rapidly assuming a high standing as one of our best surgeons.

Our readers will be pleased to learn that Dr. Clifford Mitchell has in press a work entitled "Diseases of the Urinary Organs," which will be larger and more complete than any of his previous books. Clifford Mitchell stands today the peer of any one in this country on kidney and associate diseases, and we are glad to know he is putting his knowledge where all can receive the benefit of it.

The Sixteenth Yearly Post graduate Course in Orificial Surgery by E. H. Pratt, M. D., will be held in the amphitheater of the Chicago Homeopathic Medical College,

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corner Wood and York streets, Chicago, Illinois, during the week beginning with September 8, 1902, having a four hours' daily session.

Doctors invited to bring obstinate cases of every variety of chronic disease.

For particulars address E. H. Pratt, M. D., 100 State Street, Suite 1202, Chicago, Illinois.

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Dr. Martin Deschere died at his home, 334 West 58th st., New York, July 21, 1902. Dr. Deschere had made a specialty of children's diseases during the greater part of his medical life and had become known as a remarkably skillful physician. He joined the American Institute of Homeopathy soon after graduating and attained his seniority in that society at its meeting in Washington. But better than all, greater than all and nobler than all was the fact that with his scientific knowledge, his vast experience in medicine his homeopathic prescribing was an accomplishment few men ever attained, and Deschere's name will be remembered long after many of those who think they are great shall be forgotten. His death is a loss to the homeopathic world.

Miss Julia E. Bailey of the Rochester Homeopathic Hospital, first vice-president of the New York State Nurses' Association, presided at the quarterly meeting of that organization held in Utica, N. Y., July 15, and the principle feature of the meeting was the report of the committee on legislation, Miss Allerton, superintendent of nurses at the Rochester Homeopathic Hospital, chairman. It is the intention of the nurses if possible to have the profession of nursing recognized and protected by the state, as many other professions now are.

The fifteenth annual meeting of the American Association of Orificial Surgeons will be held in Chicago, Sept. 10th and 11th, 1902. A program is being made up of lectures and papers by the leading specialists and practitioners in rectal, genito-urinal and gynecological, and in the treatment of all chronic diseases. The orificial surgeons are the workers in the great field of reflexes and the profession generally is every day being brought closer to a realization of the fact that the reflexes every day play a most prominent part in the chronic manifestations of disease. Papers and discussions will cover the entire scope of the work, preparatory, operative and

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therapeutic, and the sessions will be of great benefit to all who attend. H. C. Aldrich, M. D., of Minneapolis, Minn., President, Ralph St. J. Perry, M. D., Secretary, Farlington, Minn.

Societies.

Homeopathic Medical Society of Monroe County, N. Y.

The summer quarterly meeting of the Homeopathic Medical Society of Monroe County, N. Y., was held at Pittsford, a suburb of Rochester, Tuesday evening, July 15, 1902.

Dr. William H. Doane, the president of the Society, entertained the visiting physicians at his handsome residence in Pittsford. After partaking of an excellent dinner at Dr. Doane's home the members of the society and the invited guests and representatives of the press proceeded to the Baptist church, where the business session was opened by an eloquent prayer offered by the reverend pastor of the church.

President Doane called the meeting to order and made a brief and appropriate address.

The Secretary read the minutes of the preceding meeting, which were approved as read.

After the transaction of considerable routine business of minor importance President Doane announced that the brilliant assembly would be favored with several carefully prepared papers on special subjects.

Dr. S. R. Snow of Rochester, read an interesting paper entitled: "The Administration of Anæsthetics." He considered chloroform to be the safest anæsthetic for patients of any age, and he believed it to be decidedly the best for children and elderly people. Dr. Snow's remarks led to a friendly discussion, in which Drs. Johnson, Price, Button and Bissell participated.

Dr. Walter Gray Crump, of New York, a former resident of Pittsford, read a paper on "Some Adjuvants in Medicine." The doctor showed himself an earnest advocate of pure water. His paper also touched upon transfusion and its uses and benefits. His paper was an admirable one and he was given a vote of thanks by the members of the society.

Dr. P. W. Neefus, of Rochester, favored the meeting with a paper on "Infancy." He discussed its diseases and their treatment as a preventive of more serious illnesses in later years. Dr. Neefus' paper was also very interesting and was listened to and deeply appreciated by the brilliant assembly of physicians.

Dr. W. H. Hoyt of Rochester read a partial report of Dr. Bellows' director-general of Provings, which had been submitted to the American Institute of Homeopathy.

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Dr. L. L. Button of Rochester made a brief address in which he urged that action be taken looking to a joint organization of the allopaths and homeopaths, but one of the members suggested that the two branches of homeopathy had better agree before inviting in members of the other school of medicine. No action was taken on Dr. Button's suggestion.

The association tendered a vote of thanks to Dr. and Mrs. Doane, after which the meeting adjourned.

Afterwards the party returned to Dr. Doane's residence, where an excellent literary and musical program was rendered. Those who took part were vocalists, Miss Melissa Huyck, Miss Caroline Cross, W. D. Merrill, Prof. C. F. Boylan, Dr. W. H. Doane; pianists, Professor Boylan, Mrs. Burton Tobey; reader, Mrs. Franc Fassett Pugsley.

The vocal and instrumental music and the literary readings were all fully appreciated by the members, who extended a hearty vote of thanks to their talented entertainers.

After the entertainment there was a brief session of handshaking and social talk, after which the members returned to their homes in tallyhos, automobiles, trolly cars and trains.

Several prominent members of the society were away on their vacations, and most of those sent letters regretting their inability to attend the meeting. The meeting was a great success, however, and was well attended, especially by the officers of the organization, who are the following physicians:

President—Dr. W. H. Doane of Pittsford; Vice-President—Dr. W. S. Rambo of Rochester; Secretary—Dr. L. J. Saunders of Rochester; Treasurer—Dr. H. S. Anderson of Rochester; Executive Board—Dr. H. G. Shepard, Dr. H. W. Hoyt and Dr. L. L. Button, all of Rochester; Board of Censors—Dr. Marcena S. Ricker, W. B. Carman and W. W. Winans, all of Rochester.

The next meeting of the society will be held early in the autumn. The exact date and place for holding the fall meeting will be decided by the executive officers of the society, which is one of the strongest county organizations of homeopathic physicians in the great Empire State.

R. S. Oliver.

Correspondence.

Editor The Medical Visitor:

In your July number you say that the American Institute of Homeopathy at its last meeting withdrew its recognition of the National Medical University as an institution in good standing. This statement is a distortion of the truth and calculated to mislead and prejudice.

The probabilities are that you in-

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tended to say that at the last meeting of the Inter-Collegiate Committee of the American Institute of Homeopathy, the National Medical University was dropped from membership.

The fact is, the National Medical University never has been a member of the American Institute of Homeopathy. The old "National Homeopathic Medical College" was, but in 1899 it was completely reorganized, and ceased to be a homeopathic institution, a pan-pathic course of instruction being adopted.

From that time it refused to send delegates to the American Institute of Homeopathy. The absurdity of a pan-pathic institution being a member of a homeopathic society is obvious. The National, which is the first institution in the world to throw off the yoke of traditional sectarianism, could not in its unique position stultify itself by being a member of a sectarian society.

No depreciation of homeopathy is intended, because in the National all schools of practice are taught impartially without favor or prejudice. In fact, more time is devoted to teaching homeopathy and other methods equally as well, in the National than in the average homeopathic college. The records will show that during the past year more than one thousand hours were devoted to the clinical teaching of homeopathy. Name the homeopathic college that has done as much.

In nine cases out of ten a student on entering a homeopathic college is already a believer in homeopathy. On the other hand, almost invariably, the student on matriculating at the National is entirely ignorant of homeopathy, if not very much prejudiced against it. The National, therefore, brings homeopathy to the attention and investigation of a large number of students who would otherwise remain in ignorance of it.

The requirements of the National as to time and attendance exceed those of the colleges of the American Institute of Homeopathy by fifty per cent. They require four years attendance of seven months each; the National requires *five years of nine months each.*

If you had said that the National Medical University had dropped the American Institute of Homeopathy from recognition, you would have been nearer the truth.

Respectfully yours,

L. D. Rogers, M. D.,

Aug. 15, 1902. Registrar.

Editor Medical Visitor,

Dear Doctor:—When practicing medicine at Prospect, Ohio, during the winter of '84 and '85 we had a violent epidemic of scarlet fever. While on my evening rounds I called to see a little girl patient about 7 years old who was convalescent from the disease, a little boy about the same age—both children were adopted by a Mr. Adams—was in the room, and I called him to the light and examined his throat very carefully. There was no redness, swelling, or inflammation of the throat, neither was there any fever

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The boy seemed perfectly well and boastingly remarked that he "was not going to have the fever."

At 2:30 o'clock the next morning I was hastily called to see the boy. Living quite near, I was but a very few minutes in getting to his bedside. The thermometer placed in the arm-pit showed a temperature of 108°, the skin of the body, while very hot, showed no discoloration whatever. The little fellow could not swallow, was unconscious, and was dying and in 30 minutes from the time I arrived, was dead. The parents told me that the boy awakened them about midnight and said he was sick. They observed that he had some fever and he vomited once, but they thought they would not call me until morning, but upon growing so rapidly worse they sent for me in great haste at that hour. About six in the morning they sent for me to see the little girl whom they feared was worse as she had been fretting and crying because of the loss of her little mate.

I stepped into the room where the boy lay, and observing that his face was a scarlet red, I examined the body and found that the entire surface from his head to his feet had, since death, developed the unmistakable scarlet eruption. The body seemed literally on fire. I placed my thermometer in the arm-pit and in less than one minute the mercury had mounted to 109½°. Not caring to pursue my investigation further at the expense of a good instrument I withdrew it. Regardless of any doubt that may have existed in my mind at the time the boy died, I was now fully convinced that the cause of death was a fulminant type of scarlet fever, pure and simple. I have thought of this incident a thousand times, to me it was most peculiar, but I did not think it worthy of report until I read an article in the May number of THE VISITOR, wherein it stated that 24 to 26 hours was considered the minimum time in which scarlet fever ever produced death. The case I have cited shows death from that disease can occur within four hours.

Respectfully,

N. O. BRENIZER.

Austin, Tex., June 14, 1902.

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Book Reviews.

THE COMPOSITE MAN; as Comprehended in Fourteen Anatomical Impersonations. By E. H. Pratt, A. M., M. D., LL.D., Professor of Surgery in the Chicago Homeopathic Medical College; Attending Surgeon Cook County Hospital, etc. Chicago: The New Age Publishing House, 100 State street, Chicago. 1902. Cloth.

Two years ago Prof. Pratt brought out the first edition of The Composite Man, and now before the third year is passed, a third edition of the book is demanded. The book had an object; Dr. Pratt has always been a lover of anatomy; he has taught it years before he became a surgeon, and threw around the study of this dry subject so much of interest that it was not an uncommon thing to find in his lecture hour men and women who had grown gray sitting in the class-room intent upon hearing the story of the bones as told by him. His object in issuing the work is to make anatomy sufficiently simple as to be attractive and thus popularize it. His second object was to secure recognition on the part of those who have heretofore been inclined to overlook the existence of man's spiritual part as essential elements in all that concerns his every possible condition, and third that he might impress upon the student the fact that each and every part of the human being bears a close relationship to the other, and man should not only be studied separately, but as a fitting climax considered as a whole. How well he has succeeded in his first ideal, popularizing the study of anatomy is attested by the fact that less than three years have gone and a third edition has been required to meet the extraordinary demand.

Prof. Pratt made himself wonderfully clear in expressing his ideas and one cannot read the work without feeling that he has reached the fulfillment of the injunction "Man know thyself." It is a wonderful help to the physician; it puts him in touch with higher ideals; it opens the door for a clearer understanding of reflex symptoms; in fact the book is a lamp which lights the way over many dark places in the realms of human ailment. It is a book which helps the laity, enabling one to understand the whys and wherefores of many peculiar symptoms, and paying better attention to the suggestions of the physician. We heartily commend the work as one of the few helpful ones. It puts the difficult matter of anatomy in a pleasing form, it lights up the study of physiology, it handles the nervous system in such a manner one cannot easily forget it and it makes one a better man for its reading. Get the work by all means for it will please you as no other has done.

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THE MEDICAL VISITOR

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Original Articles.

WHERE SHALL WE BEGIN TEACHING HOMEOPATHIC MATERIA MEDICA, WHAT SHALL WE TEACH, AND WHERE SHALL WE STOP ?*

BY SAMUEL H. AURAND, M. D., PROFESSOR MATERIA MEDICA AND CLINICAL MEDICINE CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

FIRST, WHERE SHALL WE BEGIN ?

The beginning of any project or undertaking, it seems to me, deserves according to its importance, serious consideration. For upon the beginning, many times, depends the success or failure of the work.

I am persuaded to think that Samuel Hahnemann, in promulgating and developing the homeopathic law, fully believed that it was just what it has proved to be, viz., a natural law containing its own truth, and therefore its own limitation. All specific truth must remain within the bounds of its own specific law. And all general truth must remain within the bounds of its own general law. Truth may be stretched or warped or attenuated to that degree where it becomes an unreliable truth or an absolute falsehood. Ice may be attenuated into water and water into steam, but each one of these will have wrapped up within itself its own specific power, truth and law.

Is the homeopathic materia medica based upon a scientific law ? Does it contain its own specific truth ? Has it limitations as all law and truth must have to make them law and truth ? Or is it a peculiar sort of a hybrid, capable of being warped and dovetailed and twisted and stretched and expanded and distorted into all sorts of shape and size and consistency and still retain its power to act as a specific law and its influence as a specific truth ? These are questions which naturally arise in the beginning of the study of this important branch. I believe, therefore, that the first necessary step, in teaching the homeopathic materia medica, is to expound the law which governs our practice. The student

* Transactions American Institute of Homeopathy, 1902.

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should understand the true nature and scientific application of the law of similia similibus curanter, which means that like things are cured by like. It seems to me that we, as teachers, many times, fail to understand the real importance of this first step. And without understanding the whole scope and specific application of the law, attempt, in a general way, to give it to our students. The result is that they never have quite a logical understanding of the underlying principles of homeopathy. And they are therefore unable to harmonize the different phases of later instruction, which includes a mixture of symptoms, with it. This difficulty, with the two following insurmountable obstacles rising before them, viz., the great number of important remedies on the one hand, and the immense mass of symptoms on the other, is sufficient explanation as to why confusion reigns within the ranks of the materia medica department. And why our students and graduates are complaining of their inability to master the homeopathic materia medica, and are seeking allopathic quarters to obtain definite and limited drug knowledge. In the light of all the definitions of science, given by our recognized lexicographers, and according to the generally accepted meaning of that term, we are driven to the conclusion that the homeopathic materia medica as it exists today is an unscientific book, composed of a large mixture of confused scientific truths.

Webster says that "Science is the comprehension and understanding of truths or facts." "Truth ascertained, or that which is known." He also says that "Science is knowledge duly arranged and referred to general truths and principles on which it is founded, and from which it is derived: a branch of learning considered as having a certain completeness: philosophical knowledge: profound knowledge: complete knowledge: true knowledge." Thomas in his medical dictionary says that, "Science is the knowledge of many persons methodically digested and arranged so as to become attainable by one." Now between the present arrangement of our materia medica and these definitions there seems to be a want of harmony, and if this seeming want of harmony is real, it means that we do not come up to the generally recognized and accepted standard. Is our materia medica, in its present form, and as a whole, that which is known? Or is it more properly that which is conjectured? Is it comprehended and understood? Is it duly arranged and considered as having a certain completeness? It is true that our materia medica is made up from the knowledge of many persons. But is it true that it is methodically digested and arranged so as to become attainable by one? Now in the light of the above definitions, is our materia medica a scientific possibility, or a sealed perplexity? Does it conform to and harmonize with our therapeutic law? Ask me what

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you will and I'll find it somewhere in some of our books on materia medica or general practice. Let me cite you a few of the extremes. If you wish to replace a dislocated uterus give a dose of sepia, and your patient will soon feel this organ lifting itself back into normal position. If you wish to produce podalic version give your patient a dose of pulsatilla, and the babe in utero will immediately turn itself up-side-down. In another homeopathic text book we find the following, "In continued malaria fever quinine must be given in large doses, 20 to 30 grains daily, nine grains morning, fourteen grains evening." "If you desire quinine to act promptly give one or two grains of blue mass, to carry off the unhealthy secretions." Now I do not wish it understood that I deny the possibility of the existence of some scientific fact in both of these extremes. But to the logical homeopathic student they seem more ridiculous than scientific. And unless he thoroughly understands the homeopathic law, they would lead to mental confusion and a loss of faith in the system.

While the homeopathic law is profoundly scientific, clean-cut and specific in its action, yet in order to avoid confusion and misunderstanding, its application should be taught to the student, in two distinctly separate classifications. I have profound faith in its accuracy and power, if properly applied, in accordance with either classification. I believe that in our studying and handling of drugs, material medicine should be held distinctly separate from that which is termed its "spirit-like" force. Each is of sufficient importance to constitute a field of its own. And both are applicable in accordance with homeopathic law. Each power, I believe, should be separately proved and the record kept distinctly apart from the other. If our law means anything, it means everything; must be wholly right or wholly wrong. If like is cured by like, then it naturally follows, that only those symptoms, which are found in disease, that can be produced by a "spirit-like" force in a drug, can be cured by a same "spirit-like" force. And those which are produced by a material drug are also cured by a material medication. Each power should be thoroughly tested and its limitations sharply defined. It is only by proper classification and closely defined limitation, that any collection of scientific facts, can constitute a scientific whole. This too would have a tendency to remove all of the friction which so prominently exists in our profession today.

Separate colleges need not then be formed on account of different views on this point. It would also remove much of the odium which has wrought great injury to our system of medicine, and I believe would stamp our school as a more ethical and logically scientific institution.

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SECOND, WHAT SHALL WE TEACH ?

Which of the six hundred drugs contained in the homeopathic pharmacopœia shall we select to form the groundwork of our materia medica instruction ? Is it at all important that the various medical colleges of this country are uniformly engaged in teaching the same set of drugs at the same time ? Is it not true that scientific classification has been sacrificed for alphabetical convenience ? Are we to understand that this great body, The American Institute of Homeopathy, recommends, as it would appear, that we begin our course of instruction with abies canadensis and end with zingiber officinale ? And that we attempt to teach all that goes between ? Or shall we gather the idea that the pharmacopœia is simply calculated for a reference book and not intended as a guide along this line ? And that each instructor is left solely to his own judgment, or at most, each medical college to its own judgment, in the matter of deciding what remedies should be taught ? Is concentration of thought, uniformity of effort and harmonious action worth anything in lending strength and support to an institution or system ? Does it not stamp it as a complete, unified, scientific whole ? And does not the lack of this tend to weaken and confuse and destroy even that science which it has obtained ?

It is quite possible, but perhaps not probable, that twelve of our homeopathic medical colleges might each give a course of instruction on the homeopathic materia medica, selecting fifty drugs for the groundwork of their course, and no two teach the same set of remedies.

This I understand is an improbable extreme, but however near you may approach it just in that proportion will you lack uniformity of purpose and concentration of effort, out of which must come an intermingling of mixed scientific truths, and as a result an inadequate or defenseless strength. Each class of medical students must necessarily be impressed with the superior healing qualities of the remedies which it has been taught. And will therefore prescribe them to their patients, talk about them in our societies, and write about them in our journals. So in direct proportion to the inharmonious action of these various classes will the strength of homoeopathy be impaired, and the individual faith divided and weakened. A work becomes scientific not alone in proportion to the number of truths and facts which it contains, but in proportion to the proper classification and methodical arrangement of these truths and facts, so as to bring them within the possibility of attainment by those who study it. I believe our teachers are more or less unconsciously influenced by the almost universal tendency of our authors to adopt the more convenient alphabetical classification. They begin with A, and end with Z, and throw in all they can of that which goes between.

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Today perhaps the instruction is given upon abrotanum, with its disturbed digestion, great emaciation, and marasmus. Tomorrow it may be aconite, with its active fever, thirst and restlessness. The next day the windy and exhaustive diarrhoea of aloe. And then the dropsy of apis, and the bruises of arnica, and so on down the list, and all through the college course. It is readily seen, and has been experienced by many of us, that it would require a memory with superhuman power, to grasp, properly separate, and hold these facts, for *scientific* application at the bedside. All of the knowledge imparted in this way may be and probably is of pure gold, but it is tainted nevertheless with an unscientific color, because it lacks the methodical arrangemeut which brings it within the possibility of complete attainment by any one. Would it not add greatly to the practical value and the scientific influence of our pharmacopoeia if the drugs were classified according to their known homeopathic therapeutic value. And then set apart 50, 75 or 100 drugs, which have been most thoroughly proved and tried, and found to be of first importance to the homoeopathic practitioner? Scientific research could proceed just the same. And this class of remedies revised every decade, if necessary. This would, officinally, set apart a definite work for our various medical colleges, and our students would all study the same remedies at the same time and our uniform efforts would be put forth in the direction of greatest importance.

Next let us consider the single drug.

What, of the vast accumulation of scientific knowledge of each individual drug should be taught in our homeopathic colleges? Should we confine ourselves wholly to the study and teaching of symptomatology and potentization of drugs in order to be good, true and faithful homeopaths? Should the homeopathic doctor refrain from the use of morphine and other palliative treatment in order to be patriotic and loyal to the banner under which he sails? Should a good, wide-a-wake, up-to-date, aggressive and progressive homeopathic physician be satisfied with anything less than all of the scientific knowledge of drugs? Is there anything that the old-school physician knows about drugs that the homeopathic physician hasn't a perfect right to know? Is there anything that pertains to the great field of medical learning that is not his by tradition, by inheritance, and by right? Then what knowledge of drugs shall we, as homeopathic physicians, laudably ambitious to be the best in the field, impart to our students? I answer, all we know that is scientific and worthy of any physician's attention. And with it a good, pure, methodically arranged, clean-cut homeopathy. Nothing less will fully satisfy, in this scientific age, the fertile and active mind of the young, ambitious doctor. It is my practice to begin here, as we should in all cases of

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scientific investigation, as near the bottom of the study as possible. Lay the foundation strong and well if you expect the superstructure to withstand the blasts of storm, time and criticism. We should teach the student something about the crude material from which our medicines are made, their nature and their classification, their habitat, and a short description of each article, as well as a brief history of the medicine. The part which is used for making the drug, how the drug is made, its power, and how to make its dilutions or triturations. We should also teach the range of physiological dose, as well as to give a definite understanding of the recommended potency, or medication. All the drug knowledge, imparted to the student, should be definitely classified, in a disentangled and scientific manner. Placing a limit somewhere, not beyond the 30th decimal potency, for the material medication, and a limit from that point to some other *definite* point for the "spirit-like" medication. Then in a concise, and yet sufficiently comprehensive manner, the student should be taught the physiological action of the material medicine, and in a separate classification the proving of the "spirit-like" medicine. In connection with this I would give definitely and specifically the time and cause of aggravation, the time and cause of amelioration, and the mental condition produced by the drug. I think it would be well to wind up with a brief and rational treatment for the poisonous effects of the material medicines, and the antidotes for the "spirit-like" medicines.

THIRD, AND IN CONCLUSION, WHERE SHALL WE STOP?

Or is there no stopping place? Shall we continue to run until we are tired, exhausted and discouraged, because we can see no resting place, or a possibility of mastering our science? And in this condition pull up to the delusive oasis of the allopath camp for rest and refreshment. To our symptom gathering there seems to be no end. We have placed before us impossibilities, with the impression conveyed to the student that we have mastered them, and that he also should be capable of mastering them. We have been deluded with the idea that each drug has the power to produce, or cause, from one to three thousand symptoms, all of which must be memorized to complete our knowledge of said drug. When the fact of the matter is, that the vast majority of these symptoms are either imaginary or secondary, and not in any sense true, scientific drug symptoms. I believe that we have, in a large degree, actually sacrificed the real truth and worth of homeopathy for a delusion. This delusion is a great mass of imaginary and secondary symptoms on the one hand, and the extreme, unlimited triturating and diluting our medicines on the other. If we can get from six to a dozen

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well marked characteristic, primary symptoms of a drug, whether it be from the material action or "spirit-like" force, you may depend upon it that the individuality of that drug is well established. And that its curative power is all that can be expected within the domain of internal medication. I would give a hundred times more for a prescription based upon these logical, scientific possibilities, than I would for one where the mentality must, necessarily, be spread, in a less compact and concentrated form, over from one to three thousand symptoms, and the drug diluted to the ten-billionth part of nothingness. Both of which are illogical impossibilities and therefore not scientific.

I do not doubt that there is some soothing and healing virtues even in this manner of prescribing, but it belongs to another realm and not to scientific medicine. It may be Christian science, or faith healing, or hypnotic treatment. or Dowieism or something of that sort. But whatever it may be, I feel quite sure that we cannot twist or warp or attenuate our therapeutic law to meet all these fads, nor to cover the scientific demands of both heaven and earth. The law is based upon material things. It is reasoned out through a material brain, and is applied to a material body. We accept the "spirit-like force" in drugs because it is reasonable and logically scientific, and here is where we should stop. Even this should have its defined limitation somewhere within the bounds of reason's capabilities. There is a point at which the drug drops its material action and takes on the "spirit-like" force. When this is reached, allowing certain liberal bounds, it seems to me that it cannot be improved or made more "spirit-like." And this should be our stopping place.

With these limitations our efforts will be more concentrated, our system of medicine more effectual, more scientific and more influential.

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GYNECOLOGICAL CLINIC.

CHICAGO HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL.—SERVICE OF PROFESSOR SHELDON LEAVITT, M. D.

Case XVIII.—Mrs. ——, aged 35 years, a slender, delicate-looking woman; a widow for several years; mother of one child; entered the hospital for nephropexy. She had long been conscious of marked digestive disturbance; a sense of debility; nervousness; insomnia; constipation; and decided lack of her usual ambition and energy. Her physician had discovered a mobile left kidney a number of months previously, but had hoped to afford her sufficient relief of the subjective symptoms described, to enable her to "weather along" without an operation. Finding his efforts futile, she had asked to have nephropexy done.

On examination I found the right kidney in a normal situation; but the left kidney hung below the level of the iliac anterior superior spine; and was quite sensitive to manipulation. The pelvic organs presented no particular abnormalities. There was a degree of gastroptosis and enteroptosis.

The cardiac conditions presented no abnormalities, save occasional palpitations and other functional disturbance, evidently due to disordered reflexes.

The urine was normal in quantity and quality.

The blood examination showed sixty per cent. of hemoglobin.

The patient having been carefully prepared was brought to the operating room on the third day after entering the hospital. An incision was made parallel to the last rib, and an inch below it, about three inches in length, the inner end of which was at the left margin of the erector spinae muscle. The fatty capsule, when reached, was trimmed out so as to afford easy access to the exposed kidney. By means of retractors the wound was well opened, and the edge of a strip of sterile gauze, four inches wide, was carried into the wound by means of a curved forceps, directed by the finger, and well anterior to the lower end of the kidney, when, by gentle traction and a sliding movement, the gauze was drawn well up beneath it, and made to act as a sling, embracing the lower segment of the organ. At the two extremities of the wound, sutures of formaldehyde catgut were introduced and tied. Provisional sutures were put in through the central part of the wound, to be tied after removal of the gauze sling, which was left to protrude.

The patient was kept on her back for several days. The gauze was drawn away on the sixth day, and the provisional sutures were tied. Repair was prompt.

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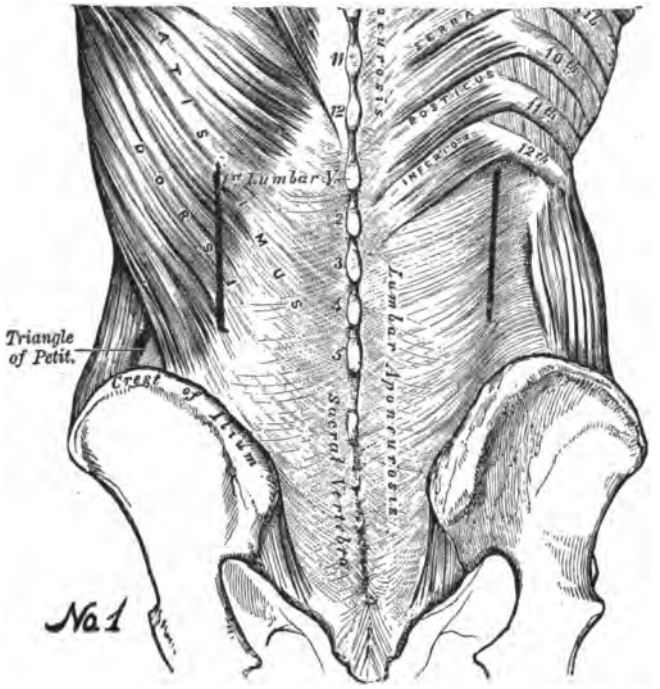
The patient began to sit up on the twenty-first day, but remained in the hospital for two weeks beyond this period. Her recovery was characterized by no drawbacks.

Three months after her return home the patient wrote me that she had gained several pounds in weight, and that she never felt better.



Muscles of the back through renal region. On the left side is exposed the first layer; on the right side, the second layer and part of the third. Lines of incision are indicated.

The incision made in this case, I am now convinced, is not that which affords most convenient access to the kidney. An opening extending from a point one-half inch below the twelfth rib, close to the outer border of the erector spinae muscle, downwards toward the iliac crest for two and a half or three inches, is preferable, provided care be taken, in making the decent upon the kidney, to avoid wounding the iliohypogastric nerve, which crosses the line of incision, and which, when reached, must be drawn aside.

The results obtained from use of the gauze sling have been very satisfactory. The method is preferable because of the possible evil effects of suturing the kidney, which, by its adoption, are avoided. The presence of the gauze excites active granulation, which, upon its removal, firmly anchors the previously mobile organ.

Case XIX. Mrs. H. aged 70 years, a large, stout woman, weighing 225 pounds, was sent to the clinic by Dr. Wm. M. Patton of Marseilles.

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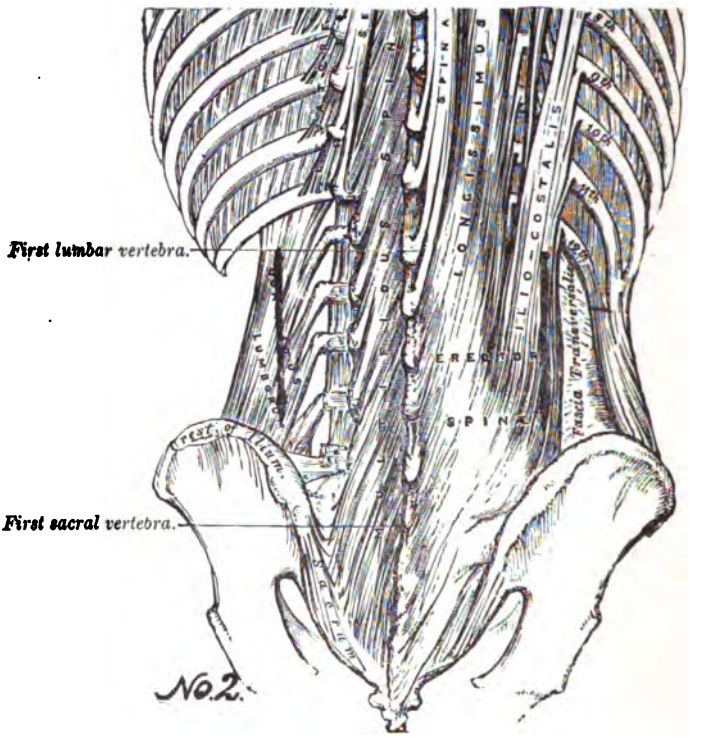
For several months she had been conscious of a lump in the right breast, at its upper and inner quadrant, which had gradually increased in size until at the time of entry it appeared to be as large as a plum. She had felt but little inconvenience from it, but of late the integument over it had been retracting and becoming more intimately related to the growth.

Her general health had been good, her countenance was florid, and all the vital functions were seemingly in a normal condition. The urine was ample in quantity, of a specific gravity of 1006, and contained neither albumen nor sugar.



Muscles of the back. Deep layers. Incisions indicated.

She was carefully prepared for operation, and was anesthetized June 7th. An incision was made from the face of the shoulder along the axillary margin of the pectoral muscle, the line being gradually elevated and extended until it reached the sternum. A second incision was begun at the same place and carried downwards, sweeping just below the nipple and then curving upwards to join the first incision at the sternum. The entire mass of glandular and adipose tissue embraced within the lines of incision, together with that part of the gland dipping below the inferior incision, and the tissues belonging thereto, were dis-

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sected out en masse. The excavation thus made represented a great area of rawness, but enough integument had been preserved to cover it in. Formaldehyde catgut sutures were employed, with an occasional stay suture of silkworm gut. A good sized drainage tube was introduced through an artificial opening made at the most dependent part of the excavation. Time of operation sixty minutes.

The drainage tube was removed on the fourth day. The wound healed by primary intention. The patient sat up on the eighth day, and left the hospital on the thirteenth day. She has been reported as entirely well.

REMARKS.

On account of the patient's age I resolved in advance not to do so extensive an operation as I might in a younger and more vigorous patient, unless there was found microscopic evidence of infection of the axillary glands. The dissection embraced all the sub-integumentary tissues down to the vessels and nerves, but I did not feel justified in subjecting her to a protracted effort to make a clean sweep. It may be that I am not sufficiently impressed with the vaunted advantages of the radical operation. It certainly has its disadvantages, among which we must reckon a higher mortality rate and the permanent disability which necessarily ensues even when the patient makes her best recovery. Besides, the radical operation is still on probation.

Another consideration which influenced me to conservative action was the location of the growth, which was at the innermost margin of the gland. We may logically infer that the distant lymphatics would not be as likely to become as early infected as in most other instances. It must be conceded that distance counts for something as an element of protection, since otherwise it would be manifestly futile to remove the approachable structures, with the undeniable fact staring us in the face that those but a single remove from them, though unapproachable, are certainly involved.

At her age, what the patient sought was immediate prolongation of life, and this I believe we have secured for her.

Owing to the peculiar location of the growth I had to plan carefully to preserve sufficient integument to secure coaptation. I believe it to be important to remove all the surface tissue, whether apparently involved or not, that complete covering will allow. When the lower part of the gland, with its associated tissues had been removed, there was left a frightful pocket, which, of course I drained from the bottom. After suturing, the integumental covering of this part of the wound had a suspicious bluish look that gave me some anxiety. The result, how-

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ever, disclosed the futility of my fears, there ensuing perfect and entire primary union.

Case XV.—Mrs. ——, aged thirty-five years, was sent to me by Dr I. D. Kauffman, of State Center, Iowa. She was a fairly nourished woman of medium stature and strong frame. Menstruation has always been somewhat painful, but quite regular. She suffered for a long time from pelvic pain and finally underwent an operation for removal of both ovaries and tubes at the hands of a local surgeon about a year ago. Ever since, she has had pelvic and abdominal pain of a most severe character, usually augmenting after the menses and lasting for many days. It has been so unendurable that hypodermics of morphia have lately been required for relief. About half the month has thus been given up to suffering of so intense a character as to make life an intolerable burden.

She was operated before the class.

Recovery was uneventful and in every way satisfactory. She was one of the most grateful and delighted patients it has ever been my lot to attend.

(The " History Sheets " of this case were in some way lost, and the record has been supplied from memory. It is consequently lacking in details).

This was a case of unusual interest. Here was a young woman who had suffered the loss of both ovaries and the appendix for right-sided pain, who on coming to me presented symptoms infinitely worse, as it appears, than those from which she originally suffered. Persistence of the menses was probably due mainly to incomplete extirpation of ovarian tissue, though it occasionally happens that menstruation persists for a time in certain cases wherein both tubes and ovaries have been removed.

The intense suffering experienced by the patient was ample justification for another abdominal incision. This was undertaken with care, the patient being in the Trendelenburg position. The opening was made slightly to the right of the medium line so as to avoid the immediate line of the old cicatrix. On opening the parietal peritoneum I found the omentum agglutinated to it throughout its extent, necessitating great care in making an ample incision. These adhesions having been broken up and the omentum raised, examination of the pelvic contents and the appendicial region was undertaken. In the vicinity of the coecum there were few adhesions, and no evidence of other trouble. The appendix had probably been removed. Walling off the uterus with sponges, I then put a double tenaculum in its fundus, but it was prevented from coming to the abdominal opening by evident adhesions. Anteriorly, the peritoneal reflection was adherent nearly to the uterine fundus, and there

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was a dense mass which could not, at first, be differentiated by the touch. Passing the fingers downwards posteriorly and to the right, on separating some omental adhesions they came upon something at the usual location of the ovary, which I at first mistook for that organ, as it resembled it in both size and shape. And then, under manipulation, it collapsed, having been a simple cyst springing from an ovarian fragment. Turning my attention to the other side, posteriorly I found many adhesions. Gradually separating these, under the eye, and advancing my hold of the uterus and broad-ligament as I proceeded, I finally came down upon the stump made in the former operation, to which, and the surrounding structures, I found a loop of small intestine firmly adherent. Separation was effected mainly by means of the fingers, but, in places, these not sufficing, the scissors were used with extreme care. In the process of separation the encysted silk ligature was brought out unchanged. In one place on the gut the raw surface was stitched over, but the other spots, being small, were dusted with aristol and left.

Returning to the right side, I proceeded in the same manner, soon coming to the undifferentiated mass before mentioned, which proved to be intestinal agglutination. The uterus having been somewhat released came better into view, when, upon careful investigation I found intestinal adhesions covering in the whole lateral aspect of the organ, including the remains of the broad ligament, and extending anteriorly and posteriorly to the median line. Slowly and carefully these dense adhesions were separated from the uterus and its associated structures, and were finally liberated. Another silk ligature was removed in the process. Having separated the intestinal mass I drew it easily to the abdominal opening, where I found a peculiar state of things. Two distinct loops of the ilium were involved, being doubled upon one another in a most perplexing manner. Complete separation of these was ultimately effected, though with the greatest difficulty. Some stitching to cover raw surfaces was done, and the other spots were dusted and rubbed with aristol. In places the opposing surfaces were so intimately blended that lines of union could scarcely be made out. The linear surfaces of gut involved in these adhesions on the right side measured about twelve inches. As some thinned spots on the intestine had resulted, they were strengthened by Lembert sutures.

Before closing the abdominal wound the omentum was drawn well down and pushed into the utero-vesical and lateral spaces.

The parietal wound was closed by three layers of formaldehyde catgut No. 1. In order to strengthen the union, the opposing surfaces were split, and the fascia was isolated and separately sutured.

The celiotomy occupied eighty-five minutes. On being put to bed

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the patient had a fair pulse. A half pint salt solution per rectum every sixty minutes for several hours, was ordered. Directions were given to begin the use of small doses of Epsom salts a few hours later and to continue them until good laxative action should be obtained.

The reader will inquire, Why, in the absence of a history of acute inflammation following the former operation, should there have been so extensive and intimate adhesions? In my opinion it was due in part to removal of the epithelial layer from the peritoneal surfaces contiguous to the field of operation, by necessary manipulation, thus affording conditions favorable to union without precedent inflammation of a pronounced type. Besides, there can be no question that the heavy silk ligatures used in the first operation were a potent element in the etiology of the complex conditions that characterized the case.

In the process of encystment there was a proliferation of tissue and a throwing out of exudate which, by organization, permanently immured the foreign substance through unfortunate implication of other structures.

One emphatic lesson of the case is the advisability of using absorbable ligatures in abdominal work. It is quite possible that the bowels were left undisturbed for the first two or three days succeeding the operation, which inactivity favored adhesive action. It was with a view to ensuring some degree of peristalsis that I ordered the early administration of laxative medicine. Peritoneal surfaces adhere with exceeding rapidity, and moving surfaces are less likely to become agglutinated than those lying quiescent.

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DIAGNOSIS; ITS RELATION TO THERAPEUTICS.

BY THE LATE CHARLES ELMER LANING, M. D.

[NOTE.—The value of this paper, like good wine, increases with age, and while it has been some ten years since it was written, its instruction is priceless.—EDITOR.]

The proper understanding of the relationship of these two important branches of medicine, one to the other, is imperative if the physician wishes to do for his patients the greatest possible good that medicine is capable of doing. Unfortunately for our school there are many in it who do not recognize the importance of diagnosis in *all* cases, and its *absolute necessity* in many, in order that proper therapeutic measures may be adopted for the cure of the patient. And not only this, but there are many who ignore diagnosis altogether, claiming it to be of no practical utility whatever.

There must be some reason for the diametrically opposite views held by different members of our school, upon the proper method of making a prescription. Some no doubt base their views upon diagnosis, pathology and symptomatology altogether upon what Hahnemann taught, not admitting that knowledge has been gained since his time which throws light upon certain matters previously entirely in the dark. Physiology, pathology and diagnosis were in his day so imperfect, crude and uncertain, that he wisely refused to make use of them, and warned his followers against so doing.

I am sure some one will at once say, "If Hahnemann and his contemporaries were able to prescribe and make the brilliant cures they did, basing their prescriptions entirely upon the 'totality of the symptoms,' utterly ignoring diagnosis, pathology and physiology, what better evidence is needed that this is the right and therefore the best way?"

An undiagnosticated case cured by Hahnemann has no more value, clinically speaking, than a cure made by a tyro who has no idea what he cured, nor of the nature of the lesions giving rise to the symptoms removed.

I hear the question asked: What difference does it make what or where are the lesions upon which certain symptoms depend, so long as we have a rule by which to prescribe a remedy capable of removing the symptoms, and therefore, by induction, the lesions causing them?

We do not merely want to know that certain symptoms have disappeared under the action of a remedy, but to know upon what basis they rest, for inasmuch as a given symptom or group of symptoms may arise from extremely varied lesions, can a certain remedy always remove them irrespective of their causes? If not, upon what do the symptoms depend when the remedy can and does remove them?

Is the physician competent to prescribe in accordance with the law of

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similars who has no knowledge of the significance of symptoms, singly or in combination; who does not know that a given pain or sensation may be due to a variety of causes; who, when he has seen symptoms disappear under treatment, does not know whether they depended upon some grave hepatic lesion, or spon some functional and ephemeral renal disturbance, and consequently can have no idea as to the role played by the remedy prescribed, in the removal of the symptoms.

When a man who claims that diagnosis is of no practical value whatever, reports an almost miraculous cure of typhoid fever, tubercular meningitis, or of carcinoma of the stomach with one dose of the 50 M., or with ten drop-doses of the Θ, given every fifteen minutes, how much credence is due his statement, how much right has it to a place in clinical Homoeopathy? Is a man holding such views in regard to diagnosis liable to be a competent, skillful diagnostician? Have we, *can* we have from such a source, reliable evidence as to the curative power or sphere of a remedy? Is it of no importance to us whether a remedy be capable of removing a little basilar congestion, or whether it be capable of dissipating tubercles which have formed on the cerebral meninges; whether it can cure rapidly a genuine case of typhoid fever, or only remove the typhoid state due to uraemia or urinaemia?

Is it not well in addition to the oft repeated question of "what cured," to inquire "*What was cured*"?

I once knew a physician who had a patient with tubercular meningitis, and who was anxious to overcome with Homoeopathic remedies the constipation which was a marked feature in the case. After trying a number of remedies given for varied fancied indications, the bowels began to move one day after he had given a dose of a very high potency. He was elated and felt sure that the attenuation was what had done the work, inasmuch as he had given the same remedy several times before but in a lower attenuation. His delight was short-lived however, for very soon the constipation was replaced by diarrhea. Now this man honestly believed that the remedy had acted too decidedly, and had caused the bowels to move too freely. In reality the case stood in this wise:—In the earlier stages of tubercular meningitis, the irritation produced by tubercles stimulates the inhibitory nerves of the intestines to such a degree that obstinate constipation results. Later, very often, there is a deposit of tubercles in the intestine. Now, as these develop, their irritation at this point tends to overcome the inhibition which has been exerted on account of the meningeal tubercles. This was what occured in the case in question, and finally the intestinal irritation or stimulation, preponderated to such a degree that the bowels began to move, at first gently and not too frequently, but as the intestinal lesion

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increased, the frequency of the stools multiplied and soon a serious diarrhea supervened. Death soon came, and the Doctor always thought he had caused it by setting up the exhausting diarrhea.

Reports of such cases, with the interpretation given by this physician, do incalculable harm to our school, for they lead us into ascribing to remedies, effects which they never have nor never can produce.

In such a case as the one just referred to, the diagnostician, the pathologist, would have at once recognized the meaning of the changed condition of the bowels; he would have known its proper significance, and how differently the case would have read, how differently it would have looked to the therapeutist, how much less misleading would it have been to those reading a report of it.

It may be claimed that so far, I have not established any relation between diagnosis and therapeutics; that is, I have not shown in what way or to what extent a diagnosis assists in making a proper prescription. The subject is so large and its importance is so great, that it must be carefully studied from all points.

Every one will admit that a prescription based upon a diagnosis will be a poor one, if the diagnosis be incorrect; therefore, in prescribing, one of two things must be done, either a correct diagnosis must be made, or else the "symptoms" must be prescribed for, without any attempt whatever being made at diagnosis, and consequently without the physician's having any idea of the cause of the symptoms, as to whether they are due to a cerebral or renal lesion. What difference does it make, so long as the remedy corresponds to the "totality of the symptoms?"

It is strange that those who insist upon prescribing only upon the "totality of the symptoms," do not realize the fact that many symptoms are to be recognized only by the diagnostician, and afterwards given their proper significance by the pathologist. In cases of dyspnoea, is the difficult respiration and the various other subjective symptoms present, all that is to be taken into account; should we know nothing in regard to their cause, whether due to pulmonary congestion or oedema, to hydropericardium, hydrothorax, cardiac valvular lesion, or neuroses of the vagus, renal disease, or a gastric reflex? Are such *objective* symtoms as a fatty heart, effusion into the cerebral ventricles, an aneurismal sac, a cerebral tumor, an ulcer of the rectum, an enlarged prostate gland, and a host of others, to be ignored?

Are we to take into consideration the state of the pulse, are we to call it a symptom and let it influence our prescription when we do not know whether its peculiarities are due to a fatty heart, to peritonitis, to a cardiac valvular lesion, cerebral disease, or an overloaded stomach?

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Are we to attack a peritonitis with remedies without knowing whether the inflammation has been lighted up by a tubercular or syphilitic deposit in that membrane, whether due to the rupture of an ovarian cyst, or to the perforation of the stomach or intestine by an ulcer or cancer? Does this hard, indurated tissue in the pyloric zone not change the meaning of the so-called dyspeptic symptoms for which we have been prescribing; does not the absence of free hydrochloric acid in this same stomach have any therapeutic significance? Does it make no difference whether your patient is suffocating from a cystic tumor in the larynx, or from spasmus glotidis?

If any one can say that none of these objective symptoms would influence his prescription, then he certainly does not belong to that class who prescribe upon the "totality of the symptoms." How can those who do so prescribe, recognize effusion into the cerebral ventricles, or distinguish between the dyspnœa of pulmonary œdema and spasmodic asthma, unless they have sufficient *diagnostic* ability to do so.

As a rule, at this point, the-totality-of-the-symptoms-man will say, "Yes, we admit that only a diagnostician can recognize *all* the symptoms in a case, but we do not base our prescription upon *all*, but upon '*certain peculiar or unusual symptoms.*'"

Now this brings us up to what I have long insisted upon, viz: That a certain number of symptoms in a case have *no therapeutic value whatever.* It will be found in carefully analyzing a case, that of the symptoms present, some are localizing, some pathological, and some are therapeutic, so to speak; that is, they indicate the curative remedy. Thus, in spinal or cerebral disease, certain symptoms *locate* the lesion without giving the least idea as to its character, others indicate the nature of the disease and yet others the remedy. I do not mean to say by this that the three groups are distinctly and arbitrarily divided one from the other, because in some cases, symptoms which are diagnostic, enter into the group indicating the remedy, while at other times localizing symptoms may have a therapeutic meaning, yet in each case will there be *some* symptoms as above stated, which are purely localizing and others simply pathological, that is, indicative of the nature of the grosser changes present, and from these gross effects, we must reason back to their subtle cause.

The great question therefore to decide, is which symptoms in a case have therapeutic value. We cannot with safety reject all diagnostic symptoms in spite of the fact that it has been said by an eminent teacher, "The more marked the value of a symptom from a diagnostic standpoint, the less its therapeutic import." There can be no rule laid down as to the symptoms to be retained or elided in a given case, each one

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must be a law unto itself, and only through a knowledge of pathology and diagnosis can the physician know which symptoms to label "pathological," and "therapeutic."

When the physician stops to think how important the ability to localize is, in taking a case, he will certainly not feel that he can afford to do without the sufficient diagnostic skill to do this. And if he only will allow himself to see the importance of a knowledge of the nature of the lesion, he will strive to bring up his diagnostic ability to the degree requisite for ascertaining this. It is only when the *true totality* is thus taken, that the "peculiar or unusual symptoms" can be given their proper meaning, it is only then that we can know whether they arise from a cause removable by the remedy corresponding to them, or can know in fact, which drug has produced them in the same or similar manner, to the disease which is their cause in a given case.

Many physicians say, and truly, that Homoeopathy has nothing to do with mechanical or chemical diseases or symptoms. Then certainly they should have sufficient diagnostic ability to recognize such ailments, or to detect what proportion of the symptoms in a case are due to one or the other of these causes, since such symptoms must not be taken into consideration in making a homoeopathic prescription.

At first glance this may seem an easy task, and one which the physician is not often called upon to perform, but a careful study of the matter makes it appear in a much different light.

Let us suppose that we are prescribing according to the "totality of the symptoms" and see where it will lead in the following case, from practice, which we will attempt to carefully analyze:

A young man about twenty-one years of age, had, under the care of another physician, passed through and been cured (?) of a severe attack of tyyhilitis. As an outcome of the disease and *possible* improper treatment, there remained an abnormal condition of the mucous and muscular layers of the colon; a catarrhal state of the one, and the paretic state of the other. What must be the necessary consequence of this? Constipation, most assuredly. Gradually, as could almost positively be predicted, *a priori*, faeces accumulated in this part of the intestine. After a certain amount had collected here, pressure was exerted upon surrounding structures to a sufficient degree to cause "symptoms", and of necessity they were "reflex", "mechanical" symptoms. In making an analysis of said symptoms, the physician must first as an anatomist, bring clearly to mind the various structures related to the portion of the colon which was distended and compressing adjacent tissues. Next, as a physiologist he must clearly realize the *functions* of the compressed and irritated structures.

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Let us now look at purely the "symptom picture" of the case: The tongue was heavily coated with rough, dry, yellowish-brown fur; the appetite was almost *nil;* little thirst, but considerable craving for acids; there was a dull, heavy, almost constant headache; the skin was highly jaundiced; the pulse was slow and fairly full and regular, occasionally however, missing a beat altogether, or else the force of the pulse-wave would be decidedly diminished; there was more or less of coldness of the lower extremities, and they were somewhat œdematous; there was almost complete mental and physical inertia, although the patient had formerly been a bright, active person; there were frequent diarrheic attacks, the stools containing more or less fecal matter, a portion of which was often in the form of hard, dry, black lumps. These attacks were not apparently aggravated or ameliorated by any conditions under which the patient was placed; he was stupid and sleepy most of the time, being, unless roused up, in a semi-soporous state day and night; the urine was highly colored with bile-pigment and contained a variable amount of albumen; the bile salts, as well as pigment, were in the urine; there was decided tenderness over the lower border of the right lobe of the liver in the region of the hepatic flexure of the colon; at times there was considerable throbbing at this point, and the possibility of the formation of an abscess was carefully considered; the pain and throbbing were always worse during and for some time after a stool, but in the course of half an hour or so after a movement of the bowels, this annoying symptom was much less marked. Physical examination revealed the fact, as previously intimated, that the ascending colon and several finger breadths of the transverse, contained a large amount of hard and firmly impacted fæces; the digestion was more or less impaired, and while there was scarcely any appetite, what little food was taken, lay heavy on the stomach and produced much gas; there was much general pruritis though no sign of any eruption; there was a decided tendency to the formation of large scales or clinkers in the nose, and unless frequently removed the nostrils became occluded to such an extent as to compel the patient to breathe through the mouth, in which there was a very bitter taste. Careful examinations of all the organs and regions of the body were made, including tests of the reflexes, condition of the sensory and motor nerves; the ophthalmoscope, laryngoscope, stethoscope, and sphygmograph were all brought into use that no hidden symptom or condition I was capable of detecting, should be overlooked.

The foregoing gives, I am sure a very complete picture of the case at the time of my examination. No doubt some one will say, "I am sure there were some 'characteristics,' some 'keynotes' which were over-

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looked, and which a good Hahnemannian, a good symtomatologist, would have elicited, and which would give the case a very different aspect, therapeutically considered."

Now, in answer to such criticism, I desire to say in the interest of medicine, even though it savor of self-praise, that I am at least, familiar with as many symptoms of as many drugs as the average practitioner, having studied and practiced medicine for several years with the idea uppermost in my mind, that the greater the number of symptoms I knew, no matter what their significance, the better would I be prepared to make a correct prescription. Pardon this apparently unwarranted and personal digression, but I am thoroughly in earnest and want to clinch all facts as I go, and I have made the above personal reference in order that my colleagues, whatever their belief, may feel that the case has been presented in a reasonable, full and complete manner.

Upon what symptoms in this case shall we base a prescription? Shall we attempt to select a remedy which corresponds the most closely to the "totality," or one which has some "peculiar and unusual symptoms?" Suppose, before prescribing, we look into the organism with the eye of an anatomist, physiologist and pathologist, and see what relation these various symptoms hold to one another, and separate, if possible, the primary or "cause" symptoms, from the secondary or "effect" ones.

Given the impacted colon, and its existence could not be denied by any physician with a modicum of diagnostic ability, how much of the case, how many of the symptoms depended upon this "mechanical" cause, for mechanical it was, as truly as if the intestine had been filled with clay; and the symptoms, with a few exceptions, to be mentioned later, would be the same in either case. After a certain amount of distension of the colon, the right kidney and its vein would be subjected to a considerable degree of pressure; this continued for a time would cause albumen to appear in the urine without any organic renal change having taken place. Fill the intestines up to a point somewhat beyond the hepatic flexure, and pressure upon the bile ducts sufficient to cause decided obstructive jaundice, occurs. That it *was* obstructive, was clearly shown by the presence of the bile acids in the urine, by the bitter taste in the mouth, and by the retarded action of the heart and by the pruritis. In the so-called haematogeneous jaundice, the bile acids are not formed, hence the symptoms due to their presence in excess, are not observed. What does the abnormal heart action indicate, what is the cause and what its significance, and what does it indicate therapeutically?

An excess of tauro-cholic acid in the blood acts as an irritant to the cardiac inhibitory ganglia, and hence, slows, and renders more or less

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irregular the cardiac movements. Is this a "mechanical" or a "chemical" symptom, or will we look upon the acid as a drug, and consider the symptoms arising from its presence, in the same light that we consider those arising from the ordinary drug provings? From which ever standpoint we consider it, is it a symptom to be removed by some agent given according to the law of similars, or shall we go a step farther back and attack with homeopathy the condition upon which the excess of acid depends, leaving the syptoms produced by it, to disappear as they naturally will, when their cause is removed?

How shall we treat the oedema of the lower limbs due to pressure upon the inferior cava by the faecal mass in the colon? What note shall we make of the pain and paretic feeling in the right limb due to pressure of the colon and congested vessels upon the right lumbar nerves at their points of exit? Are these "mechanical symptoms," if so are they to receive no attention from the homeopathic therapeutist? What does the bitter taste in the mouth mean? It simply indicates an excess of biliary salts in the blood, but does it have the same significance therapeutically, and is it to be removed by the same remedy as though it was present because of a duodenal ulcer occulding the orifice of the ductus communis choledochus, or because due to enlarged lymphatic glands in the portal fissure compressing the duct at this point, said glands being enlarged as a result of tuberculous disease?

Does not this symptom change its meaning, its color, chameleon-like, according to the cause upon which it depends? Is not it shifted from one remedy to another as its cause varies? "Certainly," I hear some colleague say, "but we do not prescribe upon one symptom, we take the totality, and in so doing this symptom will always receive due recognition, and fall into its proper place."

Very well, but do all symptoms come under the head of "subjective," or do we recognize "objective" symptoms as making up the sum of the "totality?" If objective symptoms are of any importance in prescribing who will be the best able to recognize them and give them their proper place, the diagnostician or he who ignores diagnosis? True enough, many objective symptoms may be easily seen or felt, but many more which cause, and should have the precedence of certain subjective ones, are only to be detected by the skilled diagnostician.

To return then to the analysis of our case,—Shall we include the symptom of "albuminaria" in our therapeutic complexus, if so, how shall we fit a remedy to it? Does it make no difference what the cause of the albuminous urine, must there be no relation between the disease and drug symptom, as to their respective causes? It is well known that ligature or compression of the renal vein causes albumen to appear in

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the urine in a manner well understood by the pathologist. In this case it was due to pressure from the cause already given. A "mechanical" symptom I think it might fairly be considered, and hence must not play any role in the selection of a remedy. But were it not for the researches of modern physiologists and pathologists, how should we be able to place it where it belongs, and give to it its true meaning in this case?

Various remedies produce intense and general itching of the cutaneous surface, in this patient shall we put this symptom down among those indicating the remedy, or shall we say this is due to compression of the common bile duct and would be present just the same if the occlusion was due to a cancerous tumor in the stomach, to a gall-stone, a hydatid cyst, or an aneurism of the hepatic artery, to say nothing of the various other causes of compression. Is it, therefore, any indication for the remedy which will remove the impacted fæces upon which its presence depends?

Upon what does the gastric symptoms depend? Compression of the vena porta means stasis in the radicals of the gastric vein; said stasis means a catarrhal state of the gastric mucosa. This in turn means an excess of alkaline mucus commingled with the gastric juice and hence a lessened and diminished acidity of that secretion which means diminished activity, decreased digestive power. Moreover, the lessened acidity is somewhat due to the bile thrown out into the stomach. This state of affairs makes digestion slow, destroys largely the appetite and causes a craving for acid in order that the proper degree of acidity may be restored to the gastric juice.

Seeing the rationale of these symptoms, what is their therapeutic value? Will it not most certainly vary with their cause, and is not the diagnostician the one to acertain their cause?

Does not the soreness, tenderness and throbbing in the lower border of the right lobe of the liver mean anything, is it a symptom? We answer yes, to both questions, it means something and it is a symptom. What does it mean? As is not infrequent, indeed, as is almost always the case, copostasis at the point where it occurred in this case, causes by its pressure and irritation upon the liver more or less congestion, sometimes going so far as to reduce an abscess. Now here comes in the study of the relation of one symptom to another. It is an established fact that the reflex relationship existing between the liver and the colon, through the great sympathetic, is such that if the passage of faeces through the colon cause much hepatic pain, the peristalsis of the colon will be reflexly inhibited. Here, therefore, is a case in which one condition having occasioned another, the last tends to increase, intensify and perpetuate the first. Paradoxically, they each sustain the relation of

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cause and effect to one another. Thus, when an attempt to empty the colon, or a part thereof, occurs, the irritated liver aborts the effort, more or less, by reflexly inhibiting the act as has already been shown.

The accumulated faeces tends to irritate the mucous surfaces for some distance beyond their point of actual contact. This irritation furnishes a stimulation to the peristalic movement, and hence frequent discharges from that part of the bowel takes place, consisting of mucous, serum, and portions of the adjacent impacted faeces, consequently there is obstinate constipation and diarrhea occurring in the same patient at the one time.

The faeces remaining in the colon for so long a time, necessarily undergo more or less absorption, and a certain degree of sepsis with its symptoms are added to the case.

Now without analyzing the symptoms any farther, it will certainly be seen that given the coprostasis, the other symptoms are a natural sequence. It would seem from this view of the case that nearly all of the symptoms could be classed under the head of "mechanical" or "chemical," and hence Homeopathy must stand aside. This is only true, however, apparently, and not in reality. There has been overlooked the derangement of the nervous system upon which primarily depended the colon's inaction, and which made possible the coprostasis with its multiple complexus of symptoms. But, could we have arrived at this, I think, correct and logical conclusion, without the aid of diagnosis? I believe not.

In this case what are the symptoms to which we are to fit a remedy, which ones are diagnostic, which localizing, which therapeutic? As sometimes occurs (and I have selected this case partly for that reason), there are no symptoms in the case at the time the physician "takes" it, which indicate the curative remedy, he must search for them in the anamnesis.

For quite awhile after the patient was cured (?) of his typhilitis, he was troubled with diarrhea, which was always, or nearly so, caused by taking anything into the stomach, although there were no stomach symptoms, nor evidence of any kind that there was any gastric lesion. These symptoms point conclusively to catarrh of the colon. There was frequent ineffectual urging to stool, though the desire was almost always followed by results whenever food or drink was taken into the stomach. The patient felt quite weak, though bright intellectually; the face frequently flushed up, and especially so upon the slightest effort, and markedly so when straining at stool. The character of the stools varied somewhat, at times consisting largely of faecal matter, again of mucous and serum. Gradually the ineffectual urging ceased, and stool

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was occasioned only at times after the ingestion of food or drink. After awhile, the stools ceased entirely for ten days, then a more or less frequent diarrhea began, of the character described as present when I first saw the case. Within three weeks after the constipation developed, practically all of the symptoms given as present at my first taking of the case had appeared.

Now upon what conditions did the symptoms depend during the period extending from the curing of the typhilitis up to the time when the constipation set in; what was the cause of the frequent ineffectual urging, was it a spinal lesion or an intestinal? Were the afferent or the efferent intestinal nerves at fault, and was the primary lesion in either?

The basis of typhilitis is inflammation, of inflammation increased vascularity. If, after the acute symptoms have subsided, the blood vascular channels do not resume their normal state, if the capillaries of the superior mesenteric artery or the radicles of the superior mesenteric vein, do not regain their tonicity, a low grade of congestion or stasis will be present in the portion of the colon involved. This condition tends to irritate and render hyperaesthetic the afferent intestinal nerves, that is, those distributed to the territory affected. As a consequence of this, they intensify, magnify, any impression that may be made upon them, and transmit it to the center of defaecation in the lumbar medulla, this starts up peristalsis, while at the same time there is transmitted to the brain the sensation of a "desire to defaecate." Why is the desire ineffectual, why does not the peristolic movement continue long enough to produce some results? Because the irritation of the afferent intestinal nerves is slight and of short duration. Is it due to arterial or venous pressure, and how do we know it does not have its origin in abnormally irritable spinal centres? We know that it is due principally, at least, to transient and irregular dilation and contraction of the arterioles. This is shown by their action on the cutaneous surface, producing "flushing," and you will always find when there is "flushing" or "flashes" on the cutaneous surface, the next nearest related tissue, the mucous membrane, is also affected and there will always be symptoms to indicate the fact. This frequent, sudden distention of the arterioles of the caecum and ascending colon, keeps in a state of engorgement the radicles of the superior mesenteric vein. This is sufficient to keep up the deranged state of the mucous membrane and cause frequent ineffectual urgings to stool. The urging is not due to a primary lesion of the spinal centers, for remedies or diseases affecting them in this manner, do not cause "flashes of heat." The affection of the arterioles is not due to a weakness of their muscular coat, nor to a paralysis of the ganglia within their walls, for there would then be little or no alternate contraction and dila-

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tation, and no general evidence of a vaso-motor lesion as is present in this case. Now a nerve or nerve-center may become exhausted as well as a man, and after the afferent nerves had been forced into repeated and unnatural action they lost for a time at least, not only their abnormal irritability, but went to the other extreme and did not respond even to an excessive stimulation, then followed inactivity of the caecum and ascending colon, as a sequence, an excessive accumulation and impaction of faeces occurs, driven onward more or less from below upward, by the action of the small intestines which were not disabled to any extent.

Now, had we seen the case at a certain time, *id est*, before the constipation set in, the tissues involved and the manner in which they were affected would have led us to prescribe *Ferrum phosphoricum*, but when the case reached us, something else had to be done. Were the symptoms due to the coprostasis to be met and relieved by a remedy prescribed in accordance with the law of similars, or should we consider them as mechanical symptoms and treat them accordingly, holding Homeopathy in reserve to remove the *cause* of the coprostasis?

My idea of the case was, that even though homeopathic remedies might in time restore the activity of the colon to a sufficient extent to cause it to empty itself, could they do so before grave secondary symptoms should arise; in other words, some of the reflexes would have become permanent and would not disappear even though what was originally their "cause," was removed. Therefore, I at once concluded to remove the impacted fæces by other means than homeopathic medication. At first, copious enemata were used, but to little practical effect. At last, Rubinet Condal water was given, this increased the secretion from the intestinal walls, thus softening and lubricating the fæcal mass, while at the same time it stimulated peristaltic action. It took several days to clear the gut of debris, and the patient felt very weak, but in forty-eight hours after the bowel was clear he felt and appeared like another man. The tongue began to clear up; the skin also; the urine contained much less bile; the intense itching was almost gone; the brain was quite clear and wakeful; the appetite began to grow; the œdema of the lower limbs was much less; although the paretic feeling in the right limb abated but little; the albumin disappeared from the urine; in short, within a week the patient seemed ready to discharge. But he proved not to be, for the bowels which had moved almost naturally several times, now began to feel uneasy and occasionally move soon after eating, and in a few days the old ineffectual urging had begun to return, in brief, the case was preparing to go through the series of changes which it had previously done.

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The patient felt weak in spite of the fact that he had eaten and slept fairly well for several days, the face flushed on the slightest exertion, the bottoms of the feet felt hot, he craved cool or cold things which seemed not to disagree with him. He complained of feeling tired, and yet felt better when moving about, since motion relieved somewhat, an aching, sore feeling, as from lying in one position too long. These were all the symptoms to be elicited, excepting the objective one of some tenderness over the caecum and ascending colon.

The whole symptom-complex read "*vaso-motor*;" the hot feet, the proximate thirst demanding cool things, the sense of aching relieved by motion—vaso-motor congestion in the muscles and *vaso-nervorum*—flushing of the cutaneous and mucous surfaces, all pointed to the initial nerve lesion as being in the vaso-motor centers. Remedy: *Ferrum phosphoricum*, 6xt, five grains, three *ter die*. In ten days all the symptoms had disappeared except a slight aching in the right thigh and knee, with a feeling of paretic weakness, showing that the lumbar reflex had become an idiopathic symptom, as it often does after typhlitis and typhoid fever.

Now, one or two more questions and we are done with this case and its suggestions. When the group of symptoms *last* present, *first* appeared, as I do not doubt they did previous to the coprostasis, was not ferrum phosphoricum the remedy? If so, did it cease to be the remedy when some of the symptoms, viz., the diarrhoea and ineffectual urging disappeared simply because the intestinal afferent nerves were temporarily exhausted, even though the *cause* of their excitation continued? For what did we give the remedy, how did we expect to relieve the intestinal urging? By giving a remedy which would reduce the excitability of the afferent nerves through its paralyzing effect upon their fibres, or by giving one which would remove the cause of their excitation?

We certainly did not desire to remove their ability to be excited, or stimulated, for that function is normal to them and is necessary in order that they shall remain active, vigilant sentinels against the inroads of constipation, and when they went to sleep from exhaustion used up through frequent useless responses to the "vaso-motor's" cry of "wolf," the consequence was too apparent. Evidently the vaso-motor centers were what we wanted to reach in the first place, and because through the temporary abolition of the intestinal afferents, the general appearance of the case was changed, did it change the real cause of the symptom picture, did the hyperaesthetic condition of those nerves mean one remedy, and their exhausted anaesthetic state mean another, while the cause of the hyperaesthesia and the anaesthesia remained the same?

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This may be considered an exceptional case, and in some respects it is, though not without many analagous ones in which different tissues and organs of the body are involved. What are we to do with the symptoms arising from, say an abscess or tumor of the brain or spinal cord? Just according to its location, without its character, without its histological changes being any different, the symptoms will vary greatly. Thus, as an abcess forms it may at first cause an irritation of the nervous tissue in its region, later, as it grows, it causes destruction or at least temporary abeyance of the functions of the same nerves. Is the remedy capable of curing or arresting this metamorphosis of tissue into pus, any different on account of the change in the symptoms, when due merely to an increase of the territory involved and not to a change in the character of the lesions? If not, what about the "totality of the symptoms," or which ones shall we not notice; can any one tell unless he knows what the symptoms mean, unless he knows that these new ones do not indicate a change of remedy, but merely the invasion of new territory by the growth, or else, that they are due to an increased pressure in the same region, and who but the diagnostician can tell this? Who knows how to detect and give proper significance to the "mechanical" symptoms resulting from effusion into the peri-cardium, cerebral ventricles, pleural or peritoneal cavities? Who knows how to properly consider the reflexes growing out of the vascular changes due to an injured mitral or tricuspid valve, to an enlarged jugular or bronchial lymphatic gland which is setting up some very "characteristic" symptoms through irrigation of a vagus or phrenic nerve? Who knows how to distinguish between the "characteristic symptoms" due to a rectal ulcer, and those due to an ovarian, uterine or spinal disease.

Can anyone truthfully say that such discrimination is not necessary, and if it is, that the diagnostician is not the one to make it?

All diagnosis, or all symptomatology, will not do, it is by keeping them in their proper places, and seeing that the former serves its purpose and no more. One great trouble is that physicians who believe in diagnosis, make a hobby of it, and think it is the end, rather than the means merely, to an end. While those who delight in the study of "symptoms," and believe as I heard one man say, "That it would be better for medicine if all knowledge of that art were lost, except that contained between the covers of Hahnemann's Materia Medica Pura" such men, I say, are as far unbalanced as are the others.

If Newton's apple fell in accordance with the law of gravitation, then all apples which fell before or shall ever fall hereafter, will do it in obedience to that law, for Nature's laws are unchangeable. If one case of disease has ever been cured by the administration of a remedy in ac-

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cordance with the formula: "Similia Similibus Curantur", then that formula represents a law, and that cure was made according to law, and all cases in all times which by the nature of things can be reached, may and can be cured by remedies applied in accordance to this law.

It is said and thought by many that it is easy to prescribe remedies homoeopathically or upon the principles of Similia, but it is not so, and to do so always, or even in a large percentage of cases, requires the greatest skill and learning in all departments of medicine that a human being is capable of acquiring.

If all that was needed was to learn "by heart" a number of symptoms from the printed pages of our materia medicas, I believe I might become a fairly good homeopathic prescriber, for (pardon one more alluding to myself), I think I can commit to memory in a given time as many symptoms as almost any man, but there is so much more required of one to become a good homeopathic physician, that I feel, work hard as I may, at the end of life I can no more than have entered the domain of scientific medicine, which means, *Homeopathy, rightly applied.*

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THE MEDICAL TREATMENT OF RACHITIS, INCLUDING PROPHYLACTIC AND DIETETIC.*

BY C. H. COGSWELL, M. D., CEDAR RAPIDS, IOWA.

"Whatever tends to induce debilitated or anemic conditions of the mother, either during utero-gestation, or the period of lactation, may bring the child into a faulty nutrition, either before or after birth, and so contribute to the Rachitic Slab." Professor Edmonds was perfectly correct in the above statement as I view it, and I venture this assertion: Give me the care of the mothers and I would revolutionize the world. In order to properly treat rachitis it is necessary to begin ante-partum. Place the mother in the most favorable sanitary conditions; pure air and pure water, with pleasant and cheerful surroundings; reasonably free from care and fatigue. She should be pleasantly employed mentally as well as physically, with good, wholesome food containing plenty of bone-producing elements, even though she might suffer some during labor. I believe the fad of eating freely of lemons daily during pregnancy to produce painless labor to be the cause of many evils; rich diet tends not only to weaken the mother, but certainly the child, and may produce rachiti. I would use for the mother during pregnancy, massage, calisthenics, and oil baths, to bring her system as near a state of perfection as possible. A few weeks after the labor the breast milk should be examined, and if not up to standard, so change the diet as to improve it; if not successful wean the babe. My first preference in the way of food for the little one, after weaning, is cow's milk that has stood several hours, diluted with water hot enough to melt the fat globules and not hot enough to scald it, using five parts of water to one of cream. If this disagrees, then some other food as seems best fitted to the case. When the child reaches the age of eight months, I recommend a little bouillon or mutton-juice, with bread, also oatmeal and cream to strengthen the physical system. This for diet.

Following the first month, I advise that night and morning the entire clothing be changed, and in place of a bath the child be thoroughly rubbed with the hand. As soon as the muscles begin to shrink, the skin to become dry, I then use oil rather freely, externally, and continue the friction with the hand which I hold indispensable to the successful treatment of the case, for a great amount of vitality can thus be imparted, especially if a loving mother's hand is the one employed.

Bathing, only semi-occasionally.

An abundance of out-door air, if it be seasonable, is much to be desired.

* Transactions American Institute of Homeopathy.

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While I do not presume to speak of the dress, I can not refrain from mentioning the necessity of such flannel clothing as is required to protect and not burden the little one. The happy medium is most desirable; the extreme either way is detrimental.

The remedies particularly indicated are: calcarea carbonicum, calcarea phosphoricum, silicea, sulphur and china, although aconite, nux vomica and chamomilla are frequently called into use.

Undoubtedly some cases are due to a psoric condition, and sulphur or psorinum will be required, the latter especially when the child suffers from pains in the extremities with swelling of the feet and legs. During the precursory symptoms aconite is indicated, when there is a quick, irritable pulse, with more or less heat of the surface, with dry skin, Chamomilla with much restlessness or irritability, loose stool, usually green, and containing more or less mucus. China when the child is suffering from exhaustion, caused by non-assimilation of food, indicated by undigested stool, loss of flesh, and coldness of the surface of the body.

The principal remedy in rachitis, by which great things are expected, is calcarea carbonica, especially when the child has prominent forehead, with large, open fontanelles and sutures, blueness of the veins, attended with tardy dentition, profuse perspiration, particularly about the head and neck, inability to hold the head erect, great muscular weakness, also sour odor about the person. Calcarea phosphoricum may be given if no improvement follows the use of calcarea carbonicum, especially if there be much cerebral irritation, attended by a low, weak, plaintive wail. Aconite, china and chamomilla I use in the third potency, the other remedies mentioned in the 1,000 or higher in order to obtain the best results.

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Among the Journals.

THE NORMAL THIRD STAGE OF LABOR, WITH SPECIAL REFERENCE TO ITS MANAGEMENT.

Dr. Rudolp Wieser Holmes has a most excellent paper on the above subject (*Philadelphia Medical Journal*, Aug. 9th, 1902.) He gives a brief review of the history of labor and its management among aborigines tracing its rise from a brutal proceeding to the time of Dr. Joseph Clark who first hinted at a science in 1787, until later times. He then states the necessity of understanding "the rationale of the physiological management" which leads to the need of describing the anatomical and physiological condition. He then goes on as follows:—

Physiological and anatomical facts.—It is now known that in the course of normal labor the cervix largely loses its gross anatomical features, it apparently, and really does so far as known, becomes continuous with the lower portion of the uterine body, that is the internal os becomes obliterated. Further it is known that the body of the uterus becomes unequally divided into the large upper uterine segment and a smaller portion which with the cervix becomes the lower segment. The upper segment furnishes the expulsive power of the uterus: the lower participates in dilatation and plays a more or less passive role in labor. The line of demarcation between the two segments progressively becomes more marked as labor advances, and develops into the retraction ring or rim which persists for some 24 hours or more after delivery. The upper segment retains its contractility and retractility until involution is completed; however, the placental side does not possess the same power as the rest of the segment—it is partially paaalyzed, the paralysis of the placental site of Rokitansky: The lower segment is practically paralyzed at the completion of the second stage, and only slowly regains its quondam form and characteristics. Immediately post partum it is somewhat difficult clearly to outline the cervix by palpation on account of its flaccidity. From the study of one section (Pestalozza) we may assume that the placenta in normal conditions remains adherent until post partum contractions cause separation, then extrusion of the organ. The membranes, however, are largely loosened from the lower segment in the process of the formation of the bag of waters. As soon as the uterus has regained its strength and recovered from the marked retraction following the second stage, an interval of 5–15 minutes, it renews its activity—the placenta is loosened from its site, slips through the retraction ring, dragging the membranes after it, and distends the flaccid lower

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segment and vagina. Two postibilities of placental mechanism may occur—one, the fetal surface is out, that is, the membranes are inverted, or may pass down with the maternal surface out; in either case a border may present or the full surface be most dependent—whichever happens depends chiefly on the location of the placental site and degree of separation of the membranes previous to its decent, and, too, if there be interference with the stage. Placental delivery from the upper segment is brought about by uterine action, but its further progress is dependent upon abdominal pressure or artificial expression. It is known from common experience that abdominal pressure is lowered the first hours post partum. Duncan and others have given us information on the subject. The ability of the abdominal walls to expel the placenta is subordinate to three factors, the tenseness of the abdominal walls, lack of resistance on the part of the pelvic floor, the closeness of the fit between uterus and pelvic brim. In multiparæ with increasing laxness of the abdominal parietes the power is minimum—in primiparæ (also many multiparæ) with intact perineum the resistance may be sufficient to prevent expulsion of the afterbirth.

Clinical observation.—The anatomical findings enumerated have been practically corroborations of facts adduced from clinical investigation. The child has been expelled, the mother, relieved of her difficult task, acquires a peace in sharp contrast to her active and painful endeavors of the second stage. The uterus is found contracted, with a firmness not previously elicited; its fundus is in the neighborhood of the midpoint between the pubes and umbilicus, or as high as the naval; usually the uterus is latterly posed, and more frequently to the right. After an interval of quiet the uterine activity is renewed—the afterpains—which recur every two to five minutes. Eventually the placenta is expelled from the upper segment and rests within the lower segment and vagina. As soon as this occurs, certain signs give evidence of the fact, namely: (1) The uterus rises, that is, the placenta, on entering the lower segment and vagina, distends them, the upper segment which previously had been depressed by abdominal pressure rises five to eight centimeters and caps the lower parturient tract with its new contents; the fundus now will be on a full level with the umbilicus or even considerably above it. (2) As the upper segment has lost its contents, it is smaller, rounder and has acquired a still firmer consistence. (3) Earlier only a vague resistance was demonstrable by palpation over the pubes—now the lower segment with its contained placenta may be palpable, sometimes a distinct sulcus is visible (the bladder being empty) an inch or two above the symphysis. (4) If the slack in the funis had been removed from the vagina immediately post partum, it will be noted that at the moment

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the fundus ascends in the abdomen the cord will advance. These four signs offer a distinct and positive line of demarcation from Crede expression, on the one hand, and spontaneous delivery or artificial placental expression, on the other. There is one condition which may cause some momentary confusion with the exit of the placenta from the upper segment—retained post partum hemorrhage. In this case also the fundus may rise from uterine distention, but the uterus becomes larger, less firm, also, if the placenta be still attached to its site, especially if the latter be at or near the fundus, the cord may recede. The pulse will give indications of the hemorrhage if it be of any moment, and post partum hemorrhage rarely is entirely concealed—external evidence of blood loss will be present.

The Management.—The various methods of treatment of the past must be enumerated to grasp adequately the principles of rational management of the third stage. It is unnecessary to go further than to mention that previous to 1848 to 1861 traction on the cord (always inadmissible) and manual removal were the only means of delivering the placenta. The former was distinctly bad in all cases, the latter too dangerous for routine practice, and many obstetrical and gynecological complications were traced to their use, so it was an innovation when Clark, of Dublin, and Crede inaugurated a more sensible procedure—the expulsion of the placenta by pressure from above.

At the present moment there are practically four methods of treatment. In the order of their introduction to the profession they are, Crede (1861), Dohrn (1880-81), Kabierske (1881), and Ahlfeld (1888). Very briefly I will give the salient features of these various methods.

Crede.—The cord is severed: With the third to fifth contraction the uterus is grasped by the hand, four fingers posteriorly and thumb anteriorly, the fundus raised until the uterine axis is perpendicular to the brim, then at the height of a contraction the uterus is compressed, then depressed towards the brim. Usually the uterus immediately rises to its original height when the placenta is born and the uterus is released—if not, it is gently raised. In Crede's clinic of 2,000 labors 1,979 placentæ were expelled within an average time of 4 to 5 minutes, of these 87 were postponed until 10 minutes or more had elapsed for various extraneous reasons, 21 had manual removals. Crede's, then, means forcible separation of the placenta in the majority of instances, and then placental expression.

Kabierske.—His method is purely expectant. The uterus is occasionally palpated to ascertain its height, consistence and form, no manipulations are practiced, the bladder and rectum are emptied, if

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necessary; hours elapse until the placenta is born. Kabierske found 24 per cent. are born within the half hour, 20 per cent. within the second half hour, 25 per cent. in the second hour, 11 per cent. in the third hour, with a gradual decline until the twelfth hour, when 1 per cent. was delivered. Exceptionally, however, the placenta was delivered by traction on the cord and pressure when it was lying loosely in the vagina — this was done in hemorrhage, especially in tears of the cervix, etc.

Dohrn.—This author received his method from Hildebrandt, his predecessor in the Konigsberg clinic. The cord is severed, the woman is placed on her back, the genitals cleansed, clean linen placed under her buttocks, the thighs tightly apposed, height of uterus noted, midwife attends to the baby, remains in the vicinity of the lying-in woman the next hours, but the uterus was not to be palpated — the woman to notify the attendant if she bleeds, who only then will examine the cloth under the vulva and uterus. In this way two hours pass by, and generally then the woman will feel a downward pressure; thereupon a vessel is placed under the woman, she is directed to press downward and the placenta is born, with the membranes following directly — if they do not they are gently extracted. If at the termination of two hours the placenta is not born, it is expelled by Crede, but the necessity seldom is present. Undoubtedly most of these so-called Credes were in reality placental expressions.

Ahlfeld.—The cord is tied, and laid over one groin, the woman is washed with disinfectants, lacerations are looked for, and if they bleed are repaired at once, otherwise are left until after the placental stage, soiled linen removed and fresh applied to the person and bed, legs are closely apposed, the woman well covered; in about five minutes the covering is raised, the thighs separated and the presence of hemorrhage looked for; if there is no bleeding, the covering is replaced, from time to time this is repeated; if any blood should stain the clothes under the woman, a fresh portion is placed under her so further blood losses may be more easily recognized. In the course of one and a half hours the bleeding should not be sufficient to require a change in the cloth. At the end of this time the woman is catheterized, the uterus is brought to the midline and the placenta is expelled from the vagina by a grip analagous to that of Crede—the upper segment is only depressed into the lower. During the entire wait the pulse must be frequently felt and any change noted. If bleeding should occur, massage must be practiced—if contraction stops hemorrhage, a further pursuit of the method may be carried out—otherwise Crede must be used. The assumption of Ahlfeld is that the first afterpain separates the placenta and subsequent contractions force the placenta downward—within the half hour its furthest

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decent is reached by uterine action, and within the next hour the membranes are completely separated. Ahlfeld holds that every uterine manipulation is inadmissible, for it disturbes the mechanism, that contractions prematurely produced cause hemorrage.

In substance such are the various methods in conducting the third stage. Which is the right one? Each has its place. Among primitive peoples, or peasant women who are strong, active and healthy, it may be perfectly permissible to follow the suggestions of Kabierske and leave the third stage strictly to nature, relying on the physiological function of the uterus and abdomen. But among our society women, enervated by high living, late hours, insufficient exercise; our women outside the pale of "society" who cannot have the rest and exercise in the open air that nature demands, who are compelled to work at tasks beyond their strength; the women of the tenement who have unhygienic surroundings and poor food; all these, with their frequent uterine diseases produced by gonorrhea or nonspecific causes, are seriously handicapped in the race with their lowly sisters. From observation in dispensary work, in private and in consultation practice, I am more and more convinced that anomalies of the third stage are to be feared as much as disturbances in the second stage and perhaps more. Because the third stage is rendered less normal, we cannot rightly follow the purely expectant plan in practice—we must adopt a compromise between the purely expectant management and the procedure of Crede. We must permit physiological processes consistently to proceed as far as possible, then we ought to enter and do our part. Practically we cannot lay down rules for all cases, each case must be governed by the conditions present and our best judgment must be applied in each individual instance. Still, there is a possibility of having a method which will be the plan in a large proportion of labors, deduced from the methods given above.

In discussing the relative merits of the several methods, too much reliance cannot be placed on the figures and deductions presented by their respective advocates, the hygienic surroundings, nutrition, climate, the physical well-being of the individuals must be weighed. It must be remembered that Dohrn's and Ahlfeld's patients were peasant women, who, while perhaps they did not have adequate nourishment, were not subjected to the devitalizing influences of the tenement house; largely the women worked in the open air. On the other hand, the patients in the Sloane Maternity, to whose statistics reference will be made, had largely not only bad food, but tenement life with the vicious air and general unsanitary surroundings.

Dohrn showed in two series of 1,000 cases each that by Crede there

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were resulting hemorrhages 65 times, and 126 instances of retention of the membranes; by spontaneous delivery there were respectively only 35 and 41 cases. He also gives instructive results in a study of the duration of the third stage in its influence on hemorrhage whether conducted by Crede or expectantly:

Time.	Methods.	Name of Cases.	Percentage of Hemorrhages.
1-5 min.	Crede	206	10 per cent.
	Spont	29	17 per cent.
6-10 min.	Crede	337	6 per cent.
	Spont	45	9 per cent.
11-15 min.	Crede	355	5 per cent.
	Spont	128	5 per cent.
16-30 min.	Crede	74	4 per cent.
	Spont	368	2 per cent.
31 & Over.	Crede	28	3 per cent.
	Spont	430	3 per cent.

Ahlfeld gives a table which offers corroboratory proof of Dohrn's investigation:

Time.	Number of Cases.	Percentage.	Amount of hemorrhage.
0-5 minutes	49	1.6 per cent.	441 gm.
6-14 "	40	1.3 per cent.	637 gm.
15-29 "	158	5.2 per cent.	759 gm.
30-44 "	186	6.1 per cent.	836 gm.
45-60 "	215	7.9 per cent.	755 gm.
61-90 "	1674	55.0 per cent.	402 gm.
91-120 " and over.	712	23.0 per cent.	327 gm.

The figures of Dohrn show that, whether the purely expectant plan were followed or the aggressive method of Crede were pursued, the shorter the placental stage, the higher was the percentage of hemorrhages; this is due to interference with full retraction of the uterus. Ahlfeld's figures show that blood losses increase up to forty-five minutes from the birth of the child, then the amount decreases. I feel that the placenta is prematurely expelled spontaneously on account of the blood accumulations behind the placenta which, in being expelled from the upper segment, drive the placenta before it. I hold it is an error to argue that, as does Tucker, spontaneous expulsion of the placenta is the cause of hemorrhage, but rather its premature delivery is the sequence blood loss. Ahlfeld states that since he has practiced his method he rarely encounters true adhesion or retention of the placenta. "True atony occurs with the greatest infrequency;" that, "after Crede the uterus becomes atonic, and hemorrhages are apt to follow;" also aberrant forms of placental mechanism are prone to occur.

Tucker, of Sloane, recommends Crede, in which the manipulation is carried out 15 to 20 minutes after the delivery of the child. Crede was used in 95% of the cases, 5% are mentioned as spontaneously expelled,

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yet half of these were delivered by suprapubic pressure. His analysis only included spontaneous cases occurring within 20 minutes, for all placentæ are expressed within that time if they had not come away of themselves. Under such circumstances a comparison of results between 149 spontaneous expulsions and 2,561 Crede cases does not do justice to a conservative handling of the third stage. Yet it should be stated that Tucker's work is one of the most elaborate records extant of hemorrhage in or following the third stage. However, he shows that Crede manipulations do produce abnormal placental mechanism in 6 to 10% of labors. He shows that the normal average blood loss for Crede and spontaneous delivery is respectively 7.4 ℥ and 5.7 ℥. He further makes out that, following spontaneous delivery of the placenta within 20 minutes, hemorrhages are more frequent and larger in amount than by Crede, but for reasons previously given his deductions are fallacious, and offer no comparison between Crede and true (average) spontaneous placental deliveries.

Management to be Recommended.—During the expulsion of the child's trunk an assistant or nurse should lightly place the hand on the fundus and follow it down, and should keep the hand there. The eyes of the child may be cleansed with boric acid and its mouth cleared of mucus. When the cord has ceased pulsating, or pulsations at least have become weak, it may be ligated and severed, a ligature be placed an inch or so from the umbilicus, and another as close to the vulva as possible. If a coil of funis is suspected to be within the parturient tract, it may be gently drawn out, this second tape serves as an index of the advancement of the cord. Directly after cutting the cord, or even before, the woman should be turned on her back if the second stage were conducted on the side. During the turning the fundus must be supported. The object of having the third stage managed with the woman recumbent is to have abdominal pressure disturbed as little as possible. Van der Wacker has shown that a woman in the semiprone position has an intra-abdominal pressure of almost nil, so danger of aspiration of air is present, also it is more convenient to conduct this period with the woman on her back. The child is disposed of. The buttocks, vulva, etc., are cleaned with antiseptics. Fresh linen is placed under her, and a sterile pad is applied to the vulva. The cord is placed over one groin. The thighs are closely apposed, this keeps air from the vagina, promotes retention and clottage of blood. From time to time the pulse is noted, observation of the escape of blood taken, the hand resting lightly on the uterus will determine the condition of the organ, but no massage is to be practiced. In the course of ten, twenty or thirty minutes, or exceptionally an hour or more, the fundus will rise, the cord will advance, the

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globular form of the uterus will be observed, and perhaps the placenta may be palpated externally in the lower segment. Now, the placenta is outside the uterus—its further advance is to come from abdominal pressure which is an uncertain factor. As it is advisable to have the woman placed comfortably in bed as soon as is consistently possible, it is proper to expel the placenta—placental expression is performed in contradistinction to Crede.

Technique.—The vulva and vestibule are rendered sterile, and the bladder is catheterized unless positive that it is empty. The uterus then will tend to take a position in the midline, if not, it is brought there. Four fingers pass behind the uterus, raise it until its long axis is perpendicular to the plane of the brim. When the uterus has reached the acme of its hardness the thumb is flexed, thus permitting the hand firmly to hold the uterus—then with a downward movement the placenta is forced out by the upper segment telescoping the lower, the placenta will then be received into the hand awaiting it. If this procedure is not hurriedly carried out, the membranes will slowly escape. If on account of thin membranes there is a tendency for them to tear, it is a useful expedient to twist them into a cord; this will prevent tearing and will hasten separation; also, often it is advantageous to relax the hold on the uterus slightly to permit recoil, whereby separation is expedited.

If there be any tendency for the uterus to relax, especially if blood appears externally or is retained within the uterine cavity, then and only then is massage indicated; only too often premature and ill advised massage has been the cause of retained placenta. Crede should have a small place in the treatment of the third stage; if there be some uterine relaxation with hemorrhage after a contraction, and massage does not hold the uterus contracted and stop hemorrhage Crede may be appropriately carried out. It is not within the scope of this paper to outline the indication for Crede in an abnormal third stage, so further discussion would be out of place at this time.

Ergot.—In a strictly normal course of labor I deem it unnecessary to exhibit ergot post partum; if there be any undue blood loss, undue tendency to uterine relaxation, it may be given and the attendant will be on the safe side, but it should not be given before the placenta is born unless there be positive indicatives that one can expel the placenta before the ergot can act, that is within ten or fifteen minutes. Broadly, it is an obstetrical error to give ergot before the uterus is empty.

As lacerations are a pathological sequence of labor I have not dwelt upon them.

After the birth of the placenta the final toilet is carried out—an antiseptic pad is applied to the vulva, and a binder is placed about the abdo-

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men—and the woman is made comfortable in bed. In conclusion I would state it is my positive conviction that an attendant should not leave his patient, however normal her labor was or favorable her condition post partum may be, until at least a full hour has elapsed from the birth of the secundines.

THE SIGNIFICANCE OF PAIN IN THE EAR.

A practical contribution to diagnostis is given in a paper by Dr. Harry Kahn (*The Chicago Clinic*), which we reproduce for the benefit of our readers:

Earache, otalgia and "pain in the ear" are synonymous terms, indicating a symptom of great importance, not in a single condition, but in the whole range of the acute diseases of the ear and some of chronic character.

Earache almost invariably indicates a condition of the ear which is acute in character, and it is usually associated with the classical signs of inflammation: rubor, dolor, color and tumor.

Etiologically pain in the ear may be classified as: (1) referable to the nerves which supply the ear, either truly neuralgic, due to neuritis or reflex. Inflammatory conditions of the pharynx or larynx, even when the process does not come near to the orifice of the eustachian tubes, may cause this symptom.

Carious teeth are frequently causal factors in the earache of children and occasionally in adults, a reflex affected through the otic ganglion, which has branches both to the ear and to the inferior dental nerve. The earache from carious teeth is, then, a neuritis of the nerves of the ear extended from the inferior dental, the dental features of which are frequently ignored by the patient, and may be lost sight of if not borne constantly in the mind of the physician.

The earaches arising from brain tumors are due to pressure on the nerve trunks or on the ganglion.

True neuralgias of the sensory nerves of the ear are exceedingly rare, but may occur. A case of this kind was seen by Prof. W. E. Schroeder, who diagnosed it as a neuralgia of Arnold's nerve, a diagnosis subsequently confirmed by treatment. The case history is interesting.

Case 1.—Mrs. ———, aged 76, fairly well nourished and presenting no disease of nose, throat, teeth or eyes. Illness began 6 weeks previous to the time she was seen by Dr. Schroder with pain in and about the ear and especially tender spots in the external canal, located by the patient by means of a toothpick. Paroxyms of pain occurred 8 to 9 times daily, often excited by exposure to cold. Paroxysms of pain could

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be induced by pressure in the canal in the region of Arnold's nerve. Inspection and functional tests were negative. Croton chloral (5 gr., every 3 hours) and a tonic mixture of arsenic, iron and quinine were given with complete disappearance of symptoms and for 2 years the patient has remained perfectly well.

Of the conditions of the external ear producing pain, the most common is abscess, either acute and circumscribed (isolated furuncle or patch of discrete abscesses) or the diffused form. The former is the more common. The pain is in proportion to the depth of the structures involved, the most painful being those quite deep and in relation to the bony formation.

In the diffused form the whole external canal is affected, the pain being very intense, increased by movement of the jaws and by deglutition, often limiting the patient to a liquid diet or to no food at all. The evacuation of the pus greatly relieves the pain.

Malignant tumors of the meatus and on the auricle cause the same characteristic pain occasioned by such neoplasms in other parts of the body.

A more or less severe otalgia (depending upon the amount of injury done to the tissue) is occasioned by the presence of foreign bodies, either animate or inanimate.

The middle ear offers the greatest possibilities in the way of infection on account of its complex structure. The pain from an infection of the membrana tympani is usually sudden and acute, decreasing on the appearance of a serous discharge telling of the rupture of that membrane.

Rupture of the membrane may be due to direct violence, as in the following cases, and is always accompanied by acute pain:

Case II.—Mrs. M. ——, while cleaning her ear with the blunt end of a hairpin, was playfully struck on the arm by her husband. The hairpin perforated the membrane and dislocated the ossicles, intense pain coming on at once. Acute suppuration of the middle ear developed, followed by empyaema of the mastoid and shortly after by menengitis. The mastoid and skull were opened and drained with subsequent recovery.

Case III.—Mrs. ——— presented herself at the South Side Free Dispensary, complaining of distressing pain in the left ear and giving a history of having received a blow over the ear with the flat palmar surface of the hand. Examination revealed a linear rupture of the drum, extending obliquely across it, and a fracture of the long handle of the malleus, the lower third of which was at right angles with the remainder. The most intense pain had come on at the time of the blow, but had

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gradually subsided until it was quite tolerable at the time of her appearance at the dispensary.

The pain of acute, catarrhal, otitis media, is very sharp and stinging in character and is worse at night, frequently radiating to the side of the head and down to the teeth. There may be pain on opening the mouth or on pressure of the lobule. Infants and children scream and place their hands to the ear, arousing the suspicion of meningitis until the ear has been examined. The pain, while severe, is not so great as in acute, purulent otitis media, in which it extends to the teeth, the neck, the occiput and the temporal and parietal regions. The onset with convulsions and severe vomiting may increase the fear of meningitis. With the rupture of the drum, the child, who has been screaming with pain, may go quietly to sleep and the temperature drop to normal.

Ordinary, chronic suppuration of the middle ear is so often a painless condition, that the continuation of pain should give rise to the suspicion of a malignant growth.

Inflammation of the mastoid as a primary disease is rare, but may occur.

During the course of an acute suppurative otitis media the mastoid cells may become involved and the pain will then be located behind the ear. This is not an involvement of the bone, but of the lining membrane of the antrum and larger cells. The pain of the true mastoiditis, which is an osteomyelitis, is of a shooting, throbbing character, generally increased by pressure and continuing until the pus is evacuated.

The pain due to labarynthine involvement is usually due to some purulent infection of the internal ear. A case reported by Schwartze and quoted by Gruber is a good illustration of this condition:

Case IV.—A woman, age 32, who had become infected with syphilis some 11 months previous and had undergone treatments by inunction, and was very weak, complained for some weeks of headache over the right temple, restless sleep, a dull pressure on the ear and some deafness. Severe pains in the ear, with vertigo and unsteady gait made their appearance in the next few days. Vomiting began with an increase of the pain in the ear. The pupils were inactive and the right ear showed hyperemia of the membrane. There was no fever. The tuning fork on the vertex was heard on the right side. There was no pain anywhere on pressure. Paracentesis was performed, but no pus escaped. Four days later the temperature arose, the vomiting and headache increased, with drowsiness, prismus and slight delirium. The membrane seemed to be slightly hyperemic, but there was no perforation nor suppuration. Some days later the patient was attacked with deep coma, with paralysis of the bladder, and had a small pulse and contracted

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pupils. Death occurred next day without convulsions or paralysis of the extremities. The post-mortem examination revealed infiltration of the pia mater with yellowish green pus along the course of the large vessels at the base of the brain. The petrou patrous portion of the temporal bone was healthy externally. The mucus membrane of the right drum was thickened. The tympanum was normal. The cochlea, vestibule, and the semi-circular canals contained sero-purulent fluid. The blood vessels on the ampula were distended and tortuous. The sacculus vestibula was blood-red color and infiltrated with pus.

The one point which I have endeavored to make plain is that pain in the ear is not a disease entity, but is usually a symptom of some grave disorder of this complicated organ.

CONDENSED FACTS FOR THE GENERAL PRACTITIONER WHO USES ELECTRICITY.

Dr. H. C. Bennett, (*the Clinical Reporter*) has compiled the following *resume* covering the use of electricity which are worth putting where they will be read by many, i. e. in THE MEDICAL VISITOR.

P. P. P.—Positive pole for pain.

Electrolysis is chemical, galvanic only.

Cataphoresis is mechanical, galvanic and static.

Catalysis is physiological, galvanic, faradic, static.

Never use a bare metal electrode on the skin.

The faradic has a mechanical and catalytic action.

Mild currents only should be applied to sensitive parts.

The galvanic is the only current having a chemical action.

The best method of irritation is by rapid change of polarity.

Use iodine preparations under negative pole in cataphoresis.

Use cocaine and alkaloids under positive pole in cataphoresis.

Both currents and either pole have a great influence upon nutrition.

Do not make long exposures to the X-ray with tube close to patient.

Never leave a galvanic or faradic battery turned on or short circuited.

The battery should be in a condition to run continually during treatment.

The electrodes should always be in position before the current is turned on.

Don't try experiments on patients. Try them first on yourself and see how it goes.

Either faradic or galvanic will stimulate the circulation and improve nutrition.

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Mild currents frequently repeated are preferable to strong currents at longer intervals.

The rheostat and milliampire meter should always be used with the galvanic current.

In internal local faradization, the primary current acts with greater vigor than the secondary.

A bare metal electrode produces no sensation on the bare skin when using static electricity.

Remember that it is through the process of nutrition that the majority of chronic cases are cured.

Electricity is a faithful and good servant but a fickle and bad master. Learn to be the boss yourself.

The positive pole has a greater contracting power upon unstriped muscular fibers than the negative pole.

Poor connections of conducting cords and electrodes produce frequent shocks by breaking the current.

The static has physiological and catalytic action, also cataphoric, and the induced has a mechanical action.

Shocks should be avoided. Gradually increase and decrease the current, no matter which current is being used.

The galvanic current must be used where it is desired to produce electrolysis or any noticeable chemical effect.

The faradic current acts more markedly upon the muscular system and the galvanic current upon the nervous system.

Do not leave a static machine with the sliding rods touching (short circuit), but always separate them widely.

Conducting cords should be properly insulated. An uninsulated wire upon the flesh produces a painful, stinging sensation.

With the galvanic current the stabile application of the pole is the most effectual method of diminishing irritability.

Do not approach patient closely when on the insulated stool as sparks will jump from them and cause annoyance or fear.

The galvanic current operates more powerfully by reflex action than the faradic on account of its continually flowing in one direction.

It is frequently advisable to combine or alternate the treatments of general faradization or central galvanization upon the same patient.

Electricity is a tonic of great efficacy and useful in a wide range of cases, sub-acute or chronic, where a stimulating or tonic effect is desired.

The galvanic has physiological and catalytic, also a cataphoric and chemical action, and the interrupted current is mechanical.

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Never use a bare metal electrode on a mucous surface except to check hemorrhage to get effect of metallic interstitial cataphoresis.

Frequent interruptions of the current or changes of polarity intensify the effect of the current and are often necessary to relax tense muscles, etc.

The static current is silent, continuous, in same direction, no shock, generated by induction, has low amperage and great voltage, no chemical action.

The static induced is interrupted, but flows in the same direction, but intermittently, is induced, has low amperage, high voltage, no chemical action.

In voluntary muscles, contractions are produced immediately upon applying current, and at the end of the treatment they return to their normal condition.

The primary coil gives more a current of quantity and produces more violent muscular contractions, but lacks the penetrating power of the secondary current.

Galvanization of the sympathetic influences the vasomoter and trophic processes of the brain and spinal cord, the face, eyes, muscles, skin and many parts of the body.

The galvanic current will stimulate the absorbents more powerfully than the faradic current, and is the current to use in removing hypertrophies, morbid growths, effusions, etc.

Don't let female patients take static crown breeze with hats on or with wire or celluloid pins or combs in hair, as the wire is painful and the celluloid may explode and burn the hair.

It is frequently advisable, in addition to treating the diseased part itself to apply the treatment of adjacent parts to act indirectly upon the circulation and nutrition of the diseased part.

If your battery or machine don't work, hunt for the trouble till you find it and see if it is not more your own fault than that of the apparatus. "If at first you don't succeed, try, try, again."

The positive pole is acid, liberates oxygen, contracts blood vessels, decreases nutrition, coagulates albumen, corrodes metals, causes dry, white, hard scar, relieves pain and irritation.

The negative pole is alkaline, liberates hydrogen, dilates blood vessels, increases nutrition, does not coagulate albumen or corrode metals, causes no scar, but a moist, red, soft condition, increases pain and irritation.

The galvanic current is constant, flowing in the same direction, and is silent, without shock, generated by chemical action, has high amperage or current strength and low voltage or pressure, has chemical action.

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The faradic current is alternated and interrupted, flowing in opposite directions, is noisy, gives shock, generated by induction, has high voltage or pressure and low amperage or current strength, has no chemical action.

The electro-thermal bath is a very excellent method of applying faradization and may be used in any case where this treatment is to be given. The vapor bath of itself is frequently a valuable auxiliary to the electrical treatment.

Good results cannot be secured with a poor battery or improper methods of application. A faradic battery having a small coil of coarse wire produces a crude, harsh current lacking power of penetration and will invariably irritate a nervous patient.

In involuntary muscular fibers, as in the intestines, stomach, œsophagus, contractions are immediately started upon application of the circuit, but the movement when once induced will continue for a considerable time after cessation of the treatment.

The best method of lessening irritability with the faradic current is to begin with a very mild current, gradually increase it to the highest point that does not produce pain, and after holding in position for a few moments gradually reduce the strength of current.

It is not as important in using the faradic current that attention be paid to polarity, yet it is always advisable to use the positive for the active pole when a sedative effect is desired and the negative for the active pole when a stimulating or irritating effect is desired.

Observations with a fluorscope should be made only in a well darkened room. The operator will soon find that the same apparatus which gives only faint outlines in broad daylight, will show every detail at night or in a dark room, after his eyes have become accustomed to the darkness.

The secondary coil produces a greater sedative effect and is a current of greater tension and penetrating power, hence more applicable to nervous and deeply seated diseases than the primary current. The finer and longer the wire in the secondary coil, the greater power of penetration and sedation.

In chronic cases it is necessary occasionally to vary the treatment. Where general faradization has accomplished all that it will, general galvanization may produce still further results. Central or general galvanization may fail in a case where general faradization would produce results and effect a cure.

Electricity sets in motion forces that continue to act for hours and even days after treatment, hence treatment should not be given too frequently. Nervous diseases in particular may be aggravated by too fre-

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quent treatments. Ordinary chronic cases require three and four treatments weekly. Acute or sub-acute cases may require daily treatment. Nothing will be gained by treating cases more than once daily.

There is scarcely a chronic disease treated with electricity where we cannot trace at least part of the good results of treatment of the results of nuitrition. In the treatment of almost any chronic disease always remember that electricity properly applied will stimulate the circulation, and that the increased flow of blood will bring an increased amount of nutrition, that the contractions of muscular tissue produces the same effect as a massage or gentle exercise; that nutrition may be effected through a chemical process, that the process of waste and repair may be promoted, and that the nutrition of the entire system may be improved through reflex action as well as by the direct effect of treatment, securing a constitutional, tonic, stimulating effect.

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Materia Medica and Therapeutic Hints.

Treatment of Pulmonary Hemorrhage.—Otto Niedner reports six cases which shows that oftentimes pulmonary hemorrhage may be successfully treated by immobilization of the chest on the side from which the bleeding originates. This is best accomplished by strapping with adhesive plasters in the ordinary manner. The whole affected side of the chest is to be strapped, beginning at the lower extremity of the lung and continuing upward over the entire shoulder and clavicular regions. In order to equalize the pressure, pads of absorbent cotton are placed beneath the plaster in the axilla and also in the infra—and supra—clavicular fossæ. The strapping should be so done as to produce the greatest equalized pressure possible. It may be left in place for days and even weeks. It may be applied with little inconvenience to the patient. In the six cases reported the hemorrhage was treated successfully in every instance. The extended use of this method is desirable, in order that a more definite opinion of its exact value may be obtained.—*Deutche Medicinishe Wochenschrift*, June 5, 1902.

Treatment of Malignant Growths by the X-Ray.—William J. Morton reports the progress made in the treatment of eight cases. He concludes that by this means of treatment we accomplish: 1. Relief from excruciating pain and constant suffering, often immediately; 2. reduction of the size of the new growth; 3, establishment of the process of repair; 4, removal of the odor if present; 5, cessation of the discharge; 6, softening and disappearance of lymphatic nodes; 7, disappearance even of lymphatic enlargement not directly submitted to treatment and often quite distant; 8, removal of the cachectic color and appearance of the skin; 9, improvement in the general health; 10, cure up to date of a certain number of malignant growths. The uncertainties and dangers of the method are found in the absence of a definite measure of the dosage; the possibilities of a burn or of gangrene. There is present the difficulty of ascertaining when the danger point is reached.—*Medical Record.*

Cocculus.—Cocculus is a very valuable medicine in various nervous affections, such as certain forms of hemiplegia, paraplegia, and paralytic stiffness, accompanied by a sense of heaviness, and by a loss of motor power in the lower limbs, with giddiness, and a feeling of lightness in the head. I have witnessed its good effects upon a patient who had suffered for several months from loss of power in the lower limbs, moving them only with considerable difficulty, and who, when standing erect,

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became giddy, disposed to be sick, and light-headed. This patient quite recovered through a few weeks' perserverance with the tincture.

Nervous affections, such as hysterical hemiplegia, choreic hemiplegia, and epileptic hemiplegia may likewise be usefully treated with cocculus. I have seen well-marked cases of hysterical paralysis—where the sensibility and the muscular power are both impaired—yield quickly to this drug; and cases, in particular, which have been accompanied by memstruous irregularities, and by spasms attacking different organs. Some of those epileptic cases which are attributable to onanism likewise derive benefit from cocculus.—M. E. Douglass, M. D., in *American Physician.*

Recent New Cures for Tuberculosis.—Not long ago, Doctors Richert and Hericourt, eminent French physicians, claimed to have cured many cases of well-developed pulmonary consumption with "zomol"—raw beef. Their experiments upon the lower animals, such as would eat raw meat, fully confirmed the hypothesis that this article has a specific and powerful antagonism to the phthisical taint. Dr. Hericourt claims that he cured thirty-five well advanced cases of consumption with this treatment.

It is such a pity that coincidences fool us so constantly, and so badly. And what a pity it is, too, that the highest intelligence is no guaranty against coincident entrapments. What brilliant men have electrified the world with glorified rhetoric, having reference to their medical discoveries, or to the unfailing certainty and punctilious promptitude of pet drugs in particular conditions. But a hungry oblivion had followed close at the heels of these mighty discoveries and drug prodigies, and with a malicious swish of its recessional tail, it swallowed them. I remember that, while I was practicing at Indianapolis, a raw beef and fresh blood fad sprang up there. Every morning troops of consumptives would go down to the big slaughter-house to drink warm blood, and through the day they would eat quantities of uncooked beef. But the poor souls died of consumption just the same. This experiment has been tried uncounted thousands of times. Why, then, do these men launch it on the world as a new discovery? It strikes me as being of very doubtful credit to them.

A still later discovery makes still greater claims. This discovery was made by Dr. Robert Maguire, physician to the Brompton Hospital, London. Dr. Maguire stands very high, both as a physiologist and bacteriologist. Moreover, he is one of our foremost authorities on tuberculosis. He has been experimenting with formaldehyde, and he asserts very positively that in it we have a specific for consumption. The remedy must be used hyperdermically, and the injection must be made in, or about the elbow. It had been demonstrated that a solution

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representing the strength of one one-hundred and seventieth was fatal to the bacillus of phthisis. He employed the agent in this strength with the most astonishing results. He believes this treatment will cure this dread malady in any stage.

It would be no harm for *Gleanerites* to test this treatment. Those cases being hopeless, experimentation in their behalf is fully justifiable. —*C. in Medical Gleaner.*

Digitalis in the Treatment of Pneumonia.—The so-called heart failure that immediately precedes death in most of the fatal cases of pneumonia has been ascribed to various causes. There are those who maintain that it is due to a paralysis of the right ventricle as a consequence of over-distension, while others are just as positive that the left ventricle is at fault. Underlying this there is almost always a degeneration of the myocardium. While it is true that the lethal termination is generally due, in the first instance, to a degeneration of the centers in the brain and medulla as a result of toxæmia, still it must be admitted the condition of the cardiac mechanism has much to do with the fatal termination. As far as can be ascertained, the only drug that exerts any direct influence over the nutrition of the cardiac muscle is digitalis. Experiments on man and on animals have conclusively proven that the injection of this agent for long periods increases both the size and the power of the heart.

In the course of a discussion on the treatment of pneumonia before the Glasgow Medical Society last winter, a majority of the prominent clinicians who took part favored the use of digitalis throughout the course of the disease.

To be of any value this agent must be given in large doses from the beginning. In a seris of fifty personal cases in which it has been used in this way, the results have been excellent at the commencement, from three to ten minims were given every five hours, depending on the age and condition of the patient; later this dose was increased and the interval diminished, as the necessity arose. It usually controlled the rapidity of the pulse and at the same time the tension was increased. In most instances it increased the quantity of urine voided, and this was doubtless accountable for some of the good effects obtained. In no case did we find any evidence of digitalis poisoning. Of course, other agents, such as strychnine, oxygen, etc., were administered as the occasion required. The point we wish to make is that it requires from thirty-six to forty-eight hours to get the effects of digitalis in this disease, and therefore it is practically useless to commence its administration when the heart begins to fail. It is not amiss to state here that much of the digitalis of the shops is without physiological action, and it is advisable

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to specify the fresh preparation of some reliable firm if we are to get good results. Dr. Thomas F. Reilly, in the *Medical Critic.*

The Treatment of Summer Diarrhea.—Kerley (*Archives of Pediatrics*, June, 1902) states that in these cases we have to do with an infection, a poisoned child. The first indication is, therefore, to remove as much of the intestinal contents as possible. For this purpose, castor oil (or broken doses of calomel frequently repeated, if there is vomiting), should be given.

The greatest number of cases of this sort occurs in children under two years of age, who take milk in some form. Regardless of the source of the milk or its treatment, it must be stopped at once, because milk offers a favorable putrefactive medium for the growth of the bacteria causing the disease. This applies even to breast-fed babies, though here, as a rule, the milk need not be withdrawn for so long a period as in the case of artificially fed babies.

For substitute feeding he prefers a carbohydrate diet. A tablespoonful of Robinson's barley to the pint of water, boiled for one-half hour, or an equal quantity of whole rice, boiled for three hours, will make an acceptable food. For older children the proportion of cereal may be increased. In addition small quantities of chicken, beef and mutton broth may be given to advantage. The author does not believe in the routine administration of alcohol. Kerley has practically abandoned the use of egg albumen water, because it is so infrequently digested. Boiled water is given at any time. If possible the substitute diet should be given at such times and in such quantities as the child takes of milk in health. Frequent spongings are of value, and there should be an abundance of fresh air. Of drugs, besides those mentioned, the author prefers the subnitrate of bismuth. In order to be of service the sulphide of bismuth must be formed, producing black stools. At times it is necessary to add lac sulphur (in one-grain doses) to the bismuth. Opium, though of service, should be used with caution. It is given preferably in the form of Dover's powder, one-fourth to one-half grain every two or three hours for a child of one year. If heart stimulants are necessary, strychnia and strophanthus are employed.

Irrigation of the colon with normal salt solution is of value when the stools are infrequent and contain much mucus and blood. In the algid cases, with extreme prostration, an irrigation of hot salt solution (110 deg.) is a decided stimulant.

The return to milk food should be gradual, using milk diluted with barley water, and no milk is to be given until the temperature falls and the stools approximate the normal.

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The Treatment of Chronic Nephritis with Mineral Waters and Mineral Baths.—The number of mineral waters recommended for the cure of Bright's disease by the owners of springs and their agents is legion. That any or all of these may be of service in some cases is probably true, although it has commonly been conceded that it is not on the mineral constituent that the advantage depends, but rather on the quantity of water ingested. It will surprise many, therefore, to learn that so great an authority as Von Noorden holds that water may be harmful. He announces, in the first place, that in cases of contracted kidney and the early stage of heart weakness the elimination of the products of metabolism is not influenced to any extent by a reduction of the amount of fluid taken daily. Albumin does not seem to be materially changed either by an increase or decrease in the amount of liquid ingested. Moreover, in Bright's disease, when the heart is failing, a diminution of the quantity of water proves beneficial. The reduction of the quantity of liquid is advised in the early stages. Von Noorden has also noticed that after the ingestion of a large quantity of water in contracted kidney there is enlargement and weakening of the heart. In the advanced stages, with a corresponding degree of arteriosclerosis with hypertrophy of the heart, restriction of liquid is imperative. The average quantity of liquor advised is two pints. Prof. Ewald confirmed Ton Noorden.

The bath treatment was based on the assumption that the action of the skin had a certain connection with the functions of the kidneys and that by stimulating the former a disorder of the kidneys might be benefited. J. M. Groedel (Treatment of Chronic Nephritis, *Practitioner*, Dec., 1901) has never seen any curative results from the drinking of waters. His experience is that the bath treatment in cases of parenchymatous nephritis is contra-indicated. He divides cases of contracted kidneys into two groups. In the first group are those in whom the circulatory system is not greatly disturbed. The second group consists of those who show an advanced degree of insufficiency of the heart, which is more or less distinctly dilated. In the first group of cases the Nauheim baths are suitable, but in the second group baths are contra-indicated. It has been said that carbonic acid saline baths always increase the blood pressure, but this is not the fact, and it has been proven in cases of arteriosclerosis we are able to regulate the baths in such a way as not to increase the blood pressure, but rather to reduce it. If this is the case, these baths should also be beneficial in contracted kidney. The baths of Nauheim have the effect of reducing the blood pressure for a longer period than the artificial baths. The more carbonic acid the bath contains, the more the temperature may be lowered, but not below

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90° F. The baths seem to dilate the peripheral vessels, a condition brought about by the irritation of the gas and the reduction of the blood-pressure; they lighten the work of the heart and lead to a saving of that organ, which gives it a chance of recovering strength, and this is still further promoted by the direct stimulating and toxic effect of these baths. The increase in the diuresis is ascribed to the strengthening of the heart.—*Philadelphia Med. Journal.*

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THE MEDICAL VISITOR

WILSON A. SMITH, M. D., EDITOR.
GEORGE R. HENNIG, BUSINESS MANAGER.

SEPTEMBER, 1902.

[The editor of THE MEDICAL VISITOR is not responsible for any opinion expressed by its contributors. Everyone has a cordial invitation to contribute upon any subject connected with medicine or allied sciences. We believe in a broad medical platform, and the only restriction is that contributors shall be free from all personalities.]

Articles for publication, books for review, exchanges, etc., should be sent to the editor, Morgan Park, Illinois, and all business communications to the Business Manager, 95 Wabash Avenue, Chicago, or Lansing, Mich.

Editorial.

A PRESENT NEED.

The other day one of the readers of this journal accosted ye editor on the street with this question, What do we need most in the homeopathic school?

We need first men and women who will study their own death-rate and compare it with the death-rate in other schools in the same class of diseases. If ever that is done and the observer notes a lower death-rate than what he has in his own practice he is certainly justifiable in changing his mode of treatment, but if it does not produce more favorable results he is fool to think of so doing.

If the death-rate in pneumonia under the opposite school reaches sixteen per cent. and remains at about seven per cent. under the ordinary homeopathic treatment, there cannot possibly exist any reason for a change. Is not that the plain, unvarnished truth? In fact under the present scientific manner of treating pneumonia the death-rate under allopathic treatment, taking the statements made by the contributors to the different journals as a basis, has increased a little, rather than decreased. Then, under such evidence, what do you think of a physician who will commence his paper, and end it, with the strenuously spoken admonition "Watch the heart!"

Would you not consider, if the essayist be a homeopathist, that the better advice would be to watch the symptoms and meet them with the appropriate remedy? If the cough is much wore in lying down, aggravated by inhaling cool air and finds irritation along the forepart of

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the evening then why not give rumex crispus and at the next visit note the symptoms and see what is the remedy to follow this prescription.

What we need in any school, not particularly the Homeopathic, are men and women interested in the study of internal medicine rather than anything else, just at this present moment.

We need men who will not be led into claiming a cure for any disease which is self-limited and which runs a normal course—if disease can be said to have a normal course. We need men and women who recognize the limit of truth, and when that is done we will know the exact value to place upon the reports of cures by new remedies.

But, and here is the exact fact, there is no specific. The pathway of medicine is strewn with the wrecks of disappointed hopes of those who have believed it possible to find a specific for a name. The history of antitoxin is being written and lo! and behold, it is similar to hundreds of other specific medicines that have preceded it.

What we need is a more earnest study of the materia medica. Will we have the need supplied?

The *Philadelphia Medical Journal* is bemoaning the action of some of the Philadelphia newspapers in heralding the condition of health of that city, but in doing so it gets in a dig at our own health board, and questions the veracity of their figures in the following: "Chicago's figures, both for population and for death-rate, are notoriously mystifying. The big city on Lake Michigan has an enterprising census-bureau of its own." It is evident the editor of our esteemed exchange has never breathed the oxygen-laden air which blows over Chicago from the great inland sea, and has never indulged in the pure waters of glorious, old Lake Michigan enough to get the invigorating and intoxicating effects of its purity. If he had he would wonder that any one ever died here.

Yes, we believe the apple falls to ground in obedience to the law of gravitation as announced by Newton; we believe the compass' needle points to the North star in any latitude or longitude north of the equator; we believe that ipecac will cause vomiting and nausea in accordance to the law of action and will cure it. Furthermore, we believe all the apples yet to fall will obey Newton's law, all compass needles will point to the pole-star, and all ipecac cases, according to the law of similia will be cured by ipecac. If one fails the others will, if not, all will remain true. You cannot change a law of nature.

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News Items and Personals.

Dr. H. T. Bothgate, of Chicago, died on July 16th, 1902.

Dr. G. B. B. Larkeque has been elected Health Officer of Athol, Mass.

Dr. C. J. Loizeaux, of Des Moines, attended Dr. Pratt's course this year.

Dr. F. R. Leeds of Waterville, N. Y., intends to take a post-graduate course in Chicago.

Dr. W. C. Tillotson, (Hahnemann, Chicago, '82) has a fine practice at Rockville, Conn.

Dr. G. A. Coors, of Memphis, Tenn., was visiting friends in Chicago, early in September.

Dr. J. McFarland, of Centerville, Iowa, brought an interesting eye case to Chicago during September.

Dr. J. R. Kippax and wife have returned from an eastern vacation, both brown as berries and much improved.

Dr. Margaret E. Hennessy of Utica, N. Y., is touring Europe and is expected home early in the autumn.

Dr. Marion R. Farnum has moved from Hartford, Conn., to Penacook, N. H., a prosperous suburb of Concord.

Dr. L. W. Dean has moved from Waterville, N. Y., to Utica, where he will devote his professional time to the treatment of nose and throat troubles.

Parryville, a small hamlet of Pennsylvania with a total population of five hundred has fifty cases of small-pox.

Waterville, N. Y., a medium sized town near Utica, is a good opening for an active homeopathic physician.

Dr. A. C. Alexander of Penacook. N. H., has opened a branch office in Boston, where he is to be found three afternoons of every week.

Dr. Thomas Wildes of No. 610 Lexington avenue, New York City, has been appointed Medical Inspector of the Board of Health.

The American Steel and Wire Company will erect a hospital at each of its twenty-five tin plants located in different parts of the country.

Dr. Graham, of Ogden, Utah, has been visiting in Chicago for some time. He expects to locate permanently in Los Angeles, Calif., before long.

From June 8th to 21st inclusive there were reported 277 cases of cholera in Manila with 207 deaths, making the percentage of death about 80.

Dr. E. M. Jacobs, of Manitowoc, Wis., is recuperating in Chicago, and, incidentally, visiting old friends. We trust his sojourn in the "Windy City" will add many pounds to the force of his grip.

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Dr. J. T. Walnut and son, Dr. S. D. Walnut, together with Dr. J. Z. Lawske, all of Atlanta, Ga., were in Chicago attending Dr. E. H. Pratt's special course.

Dr. Lucia E. Wetherbee (Boston University '01) has located in her former home, Worcester, Mass., and has a nice practice in the aristocratic part of the city.

During the week ending Aug. 16th, forty-two cases of smallpox were reported in the city of Cleveland, Ohio. They evidently need as vigorous a health board in that city as we possess in Chicago.

Dr. C. E. Young of New York City has moved from No. 1123 Broadway to No. 165 Lenox avenue, where he occupies a commodious suite of rooms well arranged for the reception and treatment of his numerous patients.

Dr. H. L. Tillotson (Hahnemann, Chicago, '95,) has moved from Groton, N. H., to Manchester, Conn., where he has a fine practice, and he recently cordially entertained our traveling correspondent, Mr. R. S. Oliver.

The many friends of Dr. F. F. Laird, of Los Angeles, Calif., will be pleased to learn that he is now well on the road to recovery after a protracted siege of pleuro-pneumonia, asthma, and augina pectoris. It was with surprise and regret that we learned of the doctor's sickness and chronicle the favorable turn with pleasure.

The homeopathic and eclectic doctors of Saratoga had a record-breaking crowd to take care of in August. The weather was quite cool for the time of year and the physicians were very busy, but they found time to cordially entertain our traveling correspondent, Mr. R. S. Oliver.

The Health Commissioner of New York City has made arrangements to have physicians in attendance at each of the eight recreation piers each day from 2 to 4 o'clock. The Dock Department has erected shelters on each pier to serve as free dispensaries.

Dr. John B. Delbridge is in Chicago for a few weeks visit among his old friends of whom there are a legion and incidentally to tell them of the glories of New Mexico and the wonders of the Land of the Apaches. He is much improved in health and feels that a new lease of life has been given him.

Dr. J. Richey Horner, editor of the *Cleveland Medical Gazette*, and Recording Secretary-elect of the American Institute of Homeopathy, left his Cleveland home last month long enough to spend a couple of weeks in Chicago. Dr. Horner was taking a post graduate work in electricity.

We enjoyed a pleasant call from Dr. J. D. Graybill, of New Orleans, in August. We met Dr. Graybill in Washington, ten years ago, and the friendship formed then has grown with the years and it was a

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pleasure to shake his hand again. We note that time has gently touched his locks with the mark of age.

The president of the Western New York Homeopathic Medical Society is Dr. Emily F. Swett, the first woman to hold that position, and Dr. Mary Elizabeth Hanks is the first woman president of the Chicago Homeopathic Medical Society. Who says the girls are not coming to the front?

Tricoma is an increasing menace to the school children of New York. It has alarmed the Health Board to ascertain that 12 per cent of 55,670 children examined in the public schools had tricoma. Health Commissioner Lederle recommends that a room be set apart in each school for the examination of the eyes of the scholars.

Typhoid fever is very prevalent in Philadelphia again. For the last week in August there were over two hundred cases in the hospitals of that city. The water is blamed for the epidemic. How thankful we ought to be that we are living in such close proximity to Milwaukee!

Dr. Fergess S. Davis, Dallas, Tex. will move into a new home, corner of Ross and Mastin streets, October first. Dr. Davis has been twenty years in practice, has one of the best in the Lone Star State and looks forward to the coming of THE MEDICAL VISITOR with as much joy as he anticipates having in his new mansion, and ye editor is happy to learn of its readers prosperity.

Walter Wentworth, aged seventy-seven of Medford, Mass., has outlived two physicians to whom he sold his body. For many years Wentworth was well known in the vaudeville business. His feats of contortion and the strange things he did with his arms and legs, and even his spinal column astonished the natives wherever he exhibited.

The Brooklyn Health Inspector recently visited Coney Island and announced that all sausage merchants, fish dealers, and proprietors of similar enterprises must keep their wares covered up. He told the dismayed vendors that science has discovered the fact that the open display of such eatables attracts germs, microbes, bacilli, protococus, spirogylla, colenterata, anthracis, dirt, etc.

The Practitioner's Post Graduate and Clinical Courses of the Homeopathic College of the University of Michigan will begin Nov. 3d, 1902. Announcements will be issued soon giving corps of instructors and detail of work. The week of Hospital Clinics will precede a course of lectures, the reverse of the former order. Full particulars may be had by addressing the Dean, Dr. W. B. Hinsdale, Ann Arbor, Michigan.

Dunham Medical College is defunct. It has united its forces with Hering, and hereafter the two colleges will work in unison in the Hering building. This is a step in the right direction and the only other step would be for Hering to

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unite with Hahnemann Medical College. No reason is given by the Dunham faculty for this step, but as Dunham has some excellent teachers the effect will be to strengthen both faculties.

Mr. Robert S. Oliver, our traveling correspondent, recently made a pleasant tour of New Hampshire and was cordially received by the homeopathic physicians, whom he found to be numerous, enjoying large practices and taking an active interest in public affairs, encouraged by the shining example and brilliant success of Dr. J. H. Gallinger, of Concord, who is serving his second term in the United States senate and is a presidential possibility.

The Missouri Valley Homeopathic Medical and Surgical Association will meet in Lincoln, Nebraska, Oct. 22 and 23. Among the attractions will be a paper by a minister, (friend Kraft will please make a note of this) and one by a lawyer. A reception will be tendered those who attend at "Green Gables," Dr. Bailey's Sanatorium. Dr. P. J. Montgomery is president and Dr. Lewis P. Crutcher is secretary, two good officers, who know how and what to do. You will miss a splendid meeting if you fail to attend.

Dr. C. N. Hazelton of Morrison, Illinois, lately returned from the Wisconsin lakes, and learned that he was "deceased." A catalogue of The Chicago Homeopathic Medical College had arrived, announcing that he was "deceased." The same catalogue also announced last year that he was "deceased." As he does not know how long this disagreeableness will continue, and he be cut off mailing lists as "deceased," he desires to say to his friends that he is *alive* and *well* and not "deceased."

The Anti-Vaccination Society of Waterbury, Conn., is an organization of about 300 members, including doctors of three schools, teachers, ministers, lawyers, etc. The society publishes a monthly magazine, the editor of which makes the following vigorous statement in a recent lengthy editorial: "If the law should prohibit from receiving pay for vaccinating and if physicians were held responsible for malpractice when patients were injured by it, they would with one voice declare that there is no virtue in vaccination."

Dr. Martin Deschere of No. 334 West Fifty-eighth street, New York City, died July 21. He graduated from the New York Homeopathic Medical College in 1875. He enjoyed a large practice for many years, but he retired from active practice last winter, on account of ill health. He was a member of the American Institute of Homeopathy and of the New York State Homeopathic Society. For a number of years he was Professor of Pædiatry in the New York Homeopathic Medical College, and he was also a consulting physician in the Laura Franklin Hospital.

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Dr. John R. MacKenzie, of Weatherford, Tex., died at his residence in that city in June. Dr. MacKenzie was a gentleman of the old school, courteous, dignified, gentle, a loving and lovable man. He was an East Tennesseean by birth, was a self-made man in every particular, making his way through school surmounting every difficulty until, when the shadows fell, he had reached the pinnacle, and was waiting for the summons which finally come to every faithful soldier whose life work has been completed. He was in his sixty-eighth year, and passed away full of honors, mourned by a vast concourse of friends and patients who had learned to love him because of his skill.

Dr. Samuel Leopold Schenk, author of "Determination of the Sex." died recently in Austria. He was for thirty years Professor of Embryology in the University of Vienna, and became an authority upon the subject. Dr. Schenk declared that to produce male children mothers must avoid eating all starches, sugars, ice creams or other sweets and eat fruits and meats several times a day. He neglected, however, to explain why Chinese and Jananese mothers give birth to practically an equal number of male and female children, although in China and Japan comparatively little meat is eaten. Early in 1900 the University of Vienna thought Dr. Schenk was seeking notoriety and ordered his retirement on a pension. He continued to insist that he had discovered the real secret of sex.

Governor Stone, of Pennsylvania, has refused to reappoint Dr. F. A. Boericke to the State Pharmaceutical Examining Board of Pennsylvania, and has given the place to an old school druggist, thus depriving the homeopaths of the representation to which they are entitled. The honor of the State was pledged to this and every Governor has always faithfully kept the pledge until the present man was elected, who apparently believes more in machine politics than honor. A large number of the physicians of the State wrote the Governor urging the reappointment of the homeopathic representative, and he also had the unanimous support of all the members of the Board, but to no avail, Homeopathy was "knifed."

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Societies.

The Homeopathic Medical Society of Chicago.

The opening meeting of the city society occurs this month on Sept. 18th, at the usual meeting place, the Great Northern Hotel. The plan of work will be a little different from what has been followed in the past and each meeting will be in charge of a chairman upon whose shoulders will rest the responsibility and which we believe will aid materially in increasing the interest that has lagged the past winter.

The need of such a society is not questioned. Its influence for the good of the cause cannot be measured by the result of one meeting but its cumulative influence carries great weight. What a reflection upon the homeopathic school would rest if in this city with over six hundred members of the school it is found impossible to carry on a central society.

It is true that it takes some measure of self-sacrifice to attend all of the meetings, and it is not necessary for any one to do so, but the more one attends the more good is obtained and the stronger the society becomes because of that regular attendance.

There is but one duty in this matter, and that is to unite and attend as many of the meetings as possible, contribute something, if not a paper, take part in the discussions and promptly pay your dues. That is all there is to the question of duty, and the whole matter remains with you as to what you will do. The one who shirks his duty is not much of a man, is he? On which side do you class yourself?

Southern Meeting Announcement.

The next meeting of the Southern Homeopathic Medical Association will occur in Louisville October 21st, 22d, and 23d. This meeting will be the pleasantest in the history of the association and the largest in point of attendance. The local committee are working like beavers and pressure is being brought to get the largest possible attendance from all points accessible to Louisville. The grand and historic old Galt House will be headquarters. This is the largest hotel in the city and contains assembly rooms and many conveniences for such a convention. It is now run on the European plan and rooms can be obtained for $1.50 per day and lodgers can eat where they please, though the cuisine of the Galt House is unsurpassed anywhere. This is the house of which Dickens said in his American Notes, "We were as well housed and fed as though in the heart of London."

Visiting members are requested to bring their wives and daughters, and even their sisters, their cousins and their aunts with them, as amusement features will not be overlooked,

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including a trolly ride through one of the most beautiful cities of the world, and a wagon ride through Cherokee Park, a sylvan retreat of rare beauty, containing the grandest of beech groves. There will also be a reception and musicale at the residence of Dr. Monroe and other social features. The scientific part of the meeting is being thoroughly attended to by the chairmen of bureaux, but the local committee of arrangements is most anxious that our brethren of the north, east and west come and enjoy a few days of southern hospitality.

A. Leight Monroe,
Chairman.

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Book Reviews.

AMERICAN INSTITUTE OF HOMEOPATHY: Transactions of the Fifty-eighth Session, held at Cleveland, Ohio, June 17th to 21st. Edited by Ch. Gatchell, M. D., General Secretary. Chicago: Publication Committee. 1902.

What do you think of this? Eighty-six days from the adjournment of the American Institute, the Transactions of the society, bound, and complete in every detail, is placed upon the desks of those members whose dues are paid. The impossible has become possible, the long time necessary for their appearance has been condensed, and still fresh in the minds of every one who took part in the work, lies the actions in black and white. The work has been mainly accomplished through several reasons: First, the unceasing and untiring energy of the general secretary; second, the promptness with which the members were served with their discussions, and the admirable speed in which they were returned, with but two single exceptions, to the recording secretary, and, third the labors performed by our old friend, Dr. T. Franklin Smith, who worked night and day to complete the report of the Committee on Organization, Registration and Statistics.

There is quite a change in the appearance of the volume from that of other years in that it is more complete in every detail and yet it is not stuffed with things of no importance. The discussions have been carefully gone over, both by the speakers and the secretary and the ideas have been shorn of much verbiage, and still the clear expressions make the thoughts of the speaker comprehensive. The work is printed upon new type, clear and will be pleasing to the older members. It is a little satisfaction to know that the labors of this year have been so promptly completed. Those members who have not paid their dues until the beginning of a new year because of the lateness of the appearance of the volume can now send their money to the Treasurer, Dr. T. Smith, and receive not only a receipt, but a copy of the Transactions at Cleveland, gotten up in a style that will please them.

DISEASES OF THE EYE. A Hand-Book of Ophthalmic Practice for Students and Practitioners. By G. E. de Schweinitz, A. M., M. D., Prof. of Ophthalmology in the Jefferson Medical College, Professor of the Eye in the Philadelphia Polyclinic. With 225 Illustrations. and two chromo-lithographic plates. Third edition, thoroughly revised. Philadelphia: W. B. Saunders, 925 Walnut Street.

"The methods of examining the eyes, and the symptoms, diagnosis and treatment of ocular diseases have received the largest share of attention." The foregoing extract from the preface of the book gives a very clear insight into its general

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character. The idea the author has, is to make it instructive and this he has succeeded in doing. It makes a most excellent work for the student, and a splendid book for the working library.

THE INTERNATIONAL TEXT-BOOK OF SURGERY, by American and British authors. Edited by J. Collins Warren, M. D., LL. D., Professor of Surgery in Harvard Medical School, etc., etc., and A. Pearce Gould, M. S., F. R. C. S., Surgeon to Middlesex Hospital, etc., etc. Volume I., General and Operative Surgery. With 458 Illustrations in the Text and 9 Full-page Plates in Colors. Philadelphia, W. B. Saunders and Company, 1900.

"In presenting a new work on surgery to the medical profession the editors feel that they need offer no apology for making an addition to the list of excellent works already in existence. Modern surgery is still in the transition stage of development. The art and science of surgery are advancing rapidly, and the number of workers is now so great and so widely spread through the whole of the civilized world that there is certainly room for another work of reference which shall be untrammelled by many of the traditions of the past, and shall at the same time present with due discrimination the results of modern progress.

Their aim has been to produce a reliable text-book of surgery embodying a clear but succinct statement of our present knowledge of surgical pathology, symptomatology, and diagnosis, and such a detailed account of treatment as to form a reliable guide to modern practice. While not aiming at the merely novel, they have carefully omitted antiquated methods, and they hope that the reader will find in these pages only what is practically useful today."

It is always a good indication of a good book when the author recognizes the difficulties which lie in his pathway, and this difficulty has been overcome in this volume by the exhibition of rare tact in the choice of assistants. It is one of those few works on surgery, created by different writers, in which there is little repetition, no theorizing, but only practical suggestions. The large number of excellent illustrations add materially, to the value of the volume not only as a text book, but for reference also.

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THE MEDICAL VISITOR

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Original Articles.

A FEW INTERESTING CASES.

BY J. J. THOMPSON, A. M., M. D., PROFESSOR GYNECOLOGY IN THE CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

Ladies and Gentlemen:—When your worthy president asked me to write a paper for this meeting I tried to think of some subject that might be of interest to the members of this Society, but could not decide upon any topic which has not been fully discussed by abler men than I. It occurred to me, however, that I might give you the history of a few cases that seemed of special interest to me and which might elicit a discussion that would be of benefit to the Society.

The first case to which I call your attention was that of Mrs. N.—35 years of age, and widow for some years. On July 7th she entered the Chicago Union Hospital. The cervix was dilated and the uterus thoroughly curretted with a blunt curett; a bad laceration of the cervix was repaired and three or four large hemorrhoids removed. From this operation she made an uneventful recovery and left the hospital two weeks from the date of operation feeling much improved in general health. A long train of symptoms which had kept her semi-invalid for some years disappeared and she felt very much rejoiced over the outcome of the operation, in fact she felt so well that within a week after her return home she undertook to play lawn tennis with some friends; in the midst of the game she felt a sudden giving away in the right ovarian region or, as she expressed it, something seemed to break loose; there was sufficient pain at this time to necessitate her lying down but the next day she felt well enough to come to my office and report the matter. Upon physical examination I could find no evidence of pelvic lesion; two days later she came to my office again and reported considerable distress in the right side low down in the pelvis; I gave her another examination but aside from a general congestion and tenderness of the pelvic organs could find no reason for the pain and exhaustion of which she complained.

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The day following her last visit to the office her family physician telephoned me that she was evidently suffering from obstruction of the bowels. I advised him to bring the patient to the hospital at once, and she arrived there about nine o'clock in the evening, and was hastily prepared for a laparatomy. The abdomen was opened and a large amount of clotted blood removed, considerable fresh blood also came out of the wound, or was mopped out with sponges, showing that hemorrhage was still present. The right tube was brought through the abdominal wound, disclosing a hemato-salpynx, the distal one-third being considerably distended by a blood clot, on the upper side and at about the middle portion of the distention there was a slight rupture of the tube and an active hemorrhage is still going on. The diseased portion of the tube was ligated and cut away; the abdomen was then rinsed repeatedly with quantities of warm normal salt solution and the abdomen closed with through and through sutures. The patient has made an uneventful recovery, left the hospital saying she never felt better in her life.

Now the question naturally arises, what, if any, influence did the orificial work, done at the first operation, have in producing the haematosalpynx? Did the exertion of playing at lawn tennis cause the haematosalpynx, or was the tube already distended and needing only the extra exertion to cause a rupture. Certain it is that had the celiotomy been postponed a few hours longer the patient would have died from loss of blood. Or had the bleeding ceased there would doubtless have followed a general peritonitis as the bloodclots were scattered all over the peritoneal cavity.

Another case which has interested me greatly is that of Mrs. K——, referred to me at St. Hedwick's hospital by Drs. Pollock and Venn. The case was one of apparent gall stone colic. The patient had been a great sufferer from frequent attacks of colic. She had grown weak and emaciated, and at the time I saw her she was extremely jaundices. She was so exhausted that there were grave fears that she might not stand the shock of the operation. However, there was no alternative, as she was losing ground rapidly in spite of the best treatment from her family physicians. She was therefore carefully prepared for a cholectotomy. The abdomen was opened in the usual manner and the gall bladder brought into view. It was found considerably distended, but no calculi could be discovered, either in the bladder itself or in either duct. No amount of manipulation, however, would force the contents of the bladder through the ducts.

The gall bladder was therefore brought up and stitched carefully into the wound. It was then opened and its contents, consisting of a

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thick, viscid substance apparently an inspissated mixture of bile and muco-pus, allowed to escape through the wound. An ordinary semi-blunt uterine curett was then introduced into the gall bladder and its walls were thoroughly curetted; the curett brought away a substance having a microscopical appearance not unlike the often curetted from a congested endomentrium.

After the curettment the gall bladder was carefully douched and disinfected and then graded bougies were passed through the ducts into the duodendum. Thus applying the orificial philosophy to hepatic surgery. A rubber drainage tube was then introduced into the gall bladder, the abdominal wound was partly closed and the ordinary dressings applied.

The patient suffered practically no pain after the operation, the jaundice gradually disappeared and she gained strength rapidly. Five or six weeks after the operation she was doing her own housework.

This case is interesting from the fact that while the patient was suffering from *all* the symptoms of biliary calculi, yet no stone was found in the gall bladder or in the ducts. The common duct, however, was practically occluded from the catarrhal condition of its lining membrane. It will be interesting to watch this case to learn if the trouble recurs.

These two cases being somewhat out of the ordinary, are submitted for your consideration.

I had intended to take up your time in reporting the above two cases only, but the cases reported yesterday by Dr. Aurand brought to my mind a case which I saw in consultation with Dr. Pierce, of Earlville, Ill., some two years ago, and which I may have reported before. The case was that of a young lady about 20 years of age who had suffered from a severe attack of lagrippe which had left her in an extremely exhausted condition. She had finally reached a stage where the mere act of breathing was so great an exertion that the doctor and nurse were alternately standing over her to stimulate respiration which would cease every few moments and apparently not begin again without assistance from one of the attendants.

This condition had been going on for about 48 hours when I received a telegram to come in haste. Upon examining the patient I could find no lesion of any of the vital organs to explain this terrible exhaustion. Being unable to account for this condition in any other way I made an examination of the uterus which was found to be badly retro-flexed and retro-verted, the fundus lying back in the Cul-de-sac of Douglas and the whole uterus crowded down near the pelvic outlet; upon lifting the fundus into position the patient began to breathe better almost immediately, and in less than an hour was conversing freely with those about her; at the end of two hours she would even attempt jocular remarks

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to her friends; at the end of three hours I left the patient and family in a very comfortable condition, whereas they had been found in the deepest gloom.

A few weeks later I returned to Earlville and did all round orificial work on the patient which restored her to complete health, and so far as I know, she has remained perfectly well ever since.

This case, like that of Dr. Aurand's, illustrates the simple case of law and effect as demonstrated by Dr. Robinson last evening, every interference with the sympathetic nerves about the uterus is reflected in various ways both to the heart and respiratory system, and as has been so often said by Dr. Pratt, the whole philosophy rests upon one word, "Circulation."

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*PALLIATIVES IN MEDICINE.

BY E. H. PRATT, A. M., M. D., PROFESSOR OF SURGERY IN THE CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

Members of the Illinois State Homeopathic Association, Brothers and Sisters of the Healing Art:

Once more we are privileged to meet in medical communion and do what we can to help one another to a higher degree of proficiency in our life work, and it is my pleasure and privilege as your presiding officer, to extend to you a few words of greeting and do what little I may be able to inaugurate a session that shall be characterized by good fellowship and mutual helpfulness.

In the first place, I believe we all agree that all effects have legitimate causes so that, in reality, there are no happenings that are not perfectly law-governed at all times and in all places, and certainly none of us would wish it to be otherwise. If laws of causation were unsteady in their operation it could result only in such universal bewilderment as to completely stagger all of our plans and purposes, and earth life would be hopelessly disappointing.

I think we all agree, also, that, in the case of each and all of us, our knowledge of the forces in active operation is so limited that reliable anticipation of the great mass of both public and private events is well nigh impossible. This dooms us, in most of our professional as well as personal experiences to a succession of constant surprises and forces us into an attitude of perpetual guessing.

Professionally as homeopaths, the changes in medical currents are so swift and so extreme that, unless we maintain an attitude of careful ad-

*Presidential address before the Illinois Homeopathic Medical Society.

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justment toward all sorts of medical surprises, we are liable to have our faith in the stability of things badly shaken and become unduly solicitous about final results in all of our affairs.

Our first step, therefore, toward the establishment of a substantial medical equilibrium is to adjust ourselves harmoniously to things as they come along, rather than to unduly fret ourselves by useless efforts to secure the establishment of our own ideals as to how they ought to be. If we were all-wise, perhaps we could afford to be conceited and fight with desperation, if need be, for what we want, but under the circumstances, the safest way for us all is to greet the inevitable in a kindly and inquiring manner, steadily maintaining the bearing of an ambitious scholar in life, rather than to meet the rushing current with too opinionated an attitude.

Let these remarks preface a few words upon the subject of Palliatives in Medicine. Your attention is attracted to this important subject because of a needless anxiety on the part of many loyal spirits in the homeopathic ranks who seem to be greatly troubled as to the whither of our drifting.

By most homeopaths palliatives are considered not only injurious, but absolutely detrimental to homeopathic prosperity, and hence have been the subject of many a bitter controversy. Their continued and increasing employment has sadly troubled the hearts of homeopathic practitioners generally and has been the cause of much serious concern on their part as to the future of homeopathy. From the standpoint of faith in an overruling Providence, it seems rather singular that this should be so. Everybody knows that all laws are perfectly imperishable in their operation. We never get anxious about the laws of gravity or capillary attraction, about the laws of light, of sound, of heat, of chemical action or of any other well recognized laws of nature, and our appreciation of the homeopathic action of drugs is not sufficient excuse for any anxiety on our part as to its permanency not only of operation, but of appreciation on the part of humankind. Of one thing we can rest assured; that if homeopathy is really a law of cure, it is perfectly imperishable and can never be forgotten or successfully ignored, having once been promulgated and comprehended, although by no means universally understood, nor, being a law, has it any need of our personal defense or support so far as its own usefulness or reputation is concerned. Any law is perfectly able to take care of itself, and if each one sees to it that, so far as he is concerned, he gives a law its full meed of appreciation, he need not trouble himself about its recognition on the part of his fellows. Laws can take care of themselves. All laws are in constant operation, not only for those who recognize them, but for the ignorant as well,

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and we need not be solicitous about their extinction. If homeopathy is not a law, it is but a mere pretention, a misguiding error to those who over-estimate its importance by considering it a fixed rule of drug action. In such case the truth should be known, the error exposed and homeopathy be at once stripped of its false pretention. It is our duty under all circumstances, to be truth-seekers and not merely homeopathic seekers, and if the law of homeopathy is a truth, truth-seekers will surely find it and do it full justice, and all efforts to force its recognition will prove harmful to its progress.

For one, I confess to being a most ardent homeopath, not only by birth, but by personal study and observation. I am as well assured that like cures like as I am that like attracts like, and, having this point well settled in my consciousness, feel no concern whatever about its permanent abiding, and, as laws of action never conflict with each other, I am sure that the law of homeopathy is in perfect harmony with the rest of the universe. But my appreciation of its power does not make me a prejudiced student of other laws whose operations are furnishing us with a perpetually increasing procession of new facts and happenings, which have an equal demand upon our careful consideration and full appreciation.

There are homeopaths and homeopaths, but there is one characteristic of all homeopaths whatever their grade—whether they are believers in high attenuations or in low attenuations, in the single dose or in polypharmacy, or whether they believe in purely internal medication, or are in the habit of employing external applications and other adjuvants—and that is a recognition that "Like cures like" is not a mere theoretical dogma, not a mere expression of personal opinion, not a mere medical fancy, but a universal law of drug action which is as mathematical, exact, and reliable and imperishable as any other of Nature's great laws, which furnish the substantial foundation for all existence and activity. In view of this one self evident fact, it seems strange that any true homeopath should look upon the changes in medicine, wrought by passing events, with even the slightest trace of solicitude. So, if any of us are troubled by the ushering in of knowledge or new suggestions in the way of medical measures, it would be wise for us to cease our unnecessary fretting, for the law of homeopathy in drugs was in operation long before its discovery, and will still be in perpetual operation forever, even should the world forget the formulated theory which, of course, it is by no means likely to do. But, without further preface, let us give brief consideration to the subject of "Palliatives in the Practice of Homeopathic Medicine."

Let it be admitted that the most satisfactory and successful palliative

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is also curative, for it is the properly selected homeopathic remedy. Morphine, coal tar preparations and other anodynes are no quicker in their action in any case than a successfully selected homeopathic remedy. I presume all of us have seen cases of colic, earache, headache, nausea, neuralgia and numberless other cases of extremely acute suffering almost immediately relieved by a single dose of a single well selected remedy; but unfortunately the selection of the proper remedy often times demands careful study and consideration and, consequently, more or less delay in effecting its selection, and in the meantime the suffering of the patient becomes too intense to be tolerated and immediate relief is demanded for humanity's sake as well as for the sake of the reputation of the doctor. Now, while palliatives, from a homoepathic standpoint, are but undesirable "makeshifts" and are consequently looked upon by our entire school with more or less disfavor, and it is not the intention of your president to in any manner encourage or excuse their unnecessary employment, in as much as there are cases in every doctor's practice where immediate relief is demanded and where, if it cannot be obtained from one physician, it will be speedly sought for at the hands of another, and inasmuch as it is too much to expect of a homeopathic physician —however comprehensive his knowledge of the homeopathic materia medica may be—to always have at his immediate command a knowledge of homeopathic remedies so complete as to be immediately servicable in every case presenting itself to him for relief, is it too broad a statement to say that at some time or other in his experience in the sick room every homeopathic physician finds it necessary to make use of palliatives in order to secure a condition of the patient sufficiently tolerable to permit him to await a later exhibition of the curative agent? And if this is so, does such practice militate against the cure of the case? In other words, do palliatives interfere with the action of the homoepathic remedy and thereby prejudice permanent recovery?

Is there any balm for the shock to a homeopathic conscience when its possessor has been forced by circumstances to the employment of palliatives? Let me present you an argument in parables that will, perhaps, serve to explain the recovery of patients who have been submitted to palliative at the same time they were taking curative treatment, for if rendering a patient comfortable by palliatives does not interfere with his being cured homeopathically, the homeopathic conscience will welcome the knowledge. Let me remind you, first of all, of something we are too prone to forget; that all manifestations of life are vibratory. Vibrations at a certain rate of speed appeal to the common sense of touch; at a higher rate, to taste; at a still higher, to smell; at a still higher, to the sense of hearing; at higher yet, to the sense of sight,

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there being an endless scale of vibrations both higher and lower than we are able to sense.

The difference between a tone and a noise is said to be that a tone consists of rhythmic vibrations of a proper rate of speed to appeal to the sense of hearing, while a noise consists of irregular vibrations at a similar rate. This same statement, translated into the language of the human body, means that health, which has been truly called "The harmony of the organs," is produced by rhythmic vibrations of the various bodily organs, and that sickness exists where some one or more of the bodily organs vibrates irregularly or out of rhythm with its fellows. All remedial measures are likewise vibratory in their action and effect a cure by vibrating inharmonious parts into normal, harmonious action, and the reason why like attracts like and that like can cure like when the latter is sick, is that Like speaks to Like in the universal language of vibrations. If one gives utterance to a steady tone within the compass of a piano keyboard, the string whose vibrations when in action, correspond to the exact pitch of the tone produced, will vibrate in response while all the other strings of the instrument will remain perfectly unmoved. And so, if by the employment of a drug or any other remedial agent, you set up in the human organism vibrations that correspond to the normal pitch in any of its organs, if there be any reactive power remaining in the system, the organ corresponding to that pitch will vibrate back to you in the glad echo of harmonious function.

If it were really known, herein is accounted for all the meetings and all the partings, all the incidents and accidents all the phenomena of whatever variety in our earthly experiences. It is a species of universal wireless telepathy in perpetual operation, continually working out not only the story of every individual life, but crystallizing all possible varieties of human history. Our desires, our longings, our ambitions, our heart hunger, our needs, our necessities, keep us perpetually seeking, begging, demanding, praying for or in some manner or other calling out after satisfaction. Nothing will give us peace but the meeting with our own and our journey of life is dedicated to the search after it. On the other hand, our own is seeking for us with a corresponding ardor. When the vibrations of two atoms of existence become synchronous their meeting is assured and the molecule is complete. But our own can never come to us simply because we call out after it. It only comes when we are deserving of it. Our apparent *wants* are no true indication of our *needs*, and it is our needs that have the carrying voice. The noise of our wants is loud and clamorous and is responsible for our misguided footsteps and consequent sickness and disasters. To tune up

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the harp of life to the pitch where "I need" is synonymous with "I want" is humanity's necessity and the doctor's privilege.

Now, the important part in the argument I am trying to present for your consideration is illustrated in this fact; that a condition of hush and quiet in the surrounding air is not essential to the securing of an echo on the part of a piano string by intonation. A room may be noisy, full of clatter and confusion and yet pitch will answer to pitch as surely, as promptly, and as readily as though the tone and its echo from the piano string were the only observable vibrations in the air. If this were not universally true, how would it be possible for a board of trade to conduct its operations? How could a city with its noise and bustle and rattlety-bang confusion, sustain its schools, its churches, its trading centers, its hospitals, its saloons and its prayer meetings? Its concerts and its political conventions, its church choirs and its medical meetings? How could heart speak to heart and eye to eye and touch to touch and covenants be made and vows taken and enterprises, public and private, entered into in all the roar of a city's great din, if this great law of like calling to like and being answered by like, were not in universal operation. Still, small voices could scarcely be heard in the tremendous roar of so many loud ones but for this wonderful fact that *like* can and does talk to *like* in all places, at all times, under all circumstances, and that the establishment of unison between two bodies is dependent upon a proper rhythm and proper intensity and a proper integrity of tone rather than being merely at the mercy of irrelevant circumstances and conditions. Were it otherwise, it would be useless to sing in a city, to pray in a city, to plead in a city, to beg in a city, to strive in a city, to seek in a city. What a hopeless field for noble aspirations, lofty ambitions, high ideals, if a little noise and bustle and confusion on the part of one's neighbors had the power to nullify all effective activity in our higher sensibilities! If our guardian angels could not watch over us and whisper to us and guide our footsteps except in still air, how few of their messages would ever reach their destination in the hearts of men! What small hope would there be throughout the din and confusion of a busy city life, of our ever keeping in sufficiently close touch with the higher promptings of our natures to reasonably entertain even the shadow of a hope of ever being ushered into the deep peace and serenity of right living, after which we are all so strenously striving! Nor, I fancy, would the country itself, with all its boasted quiet and peacefulness, hold its breath with a silence sufficiently deep to serve us with any high degree of satisfaction. There would be too much crowing of cocks, cackling of hens, quacking of ducks and hissing of geese; too much grunting of pigs and neighing of horses and braying of asses; too

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many babbling brooks and roaring cataracts; too much rustling of leaves and croaking of frogs and singing of mosquitoes. In short, too much confusion generally, to permit any considerable degree of quietude to be of sufficiently long duration for a harmonizing purpose or healthful life.

Truly there is no rest except in motion and the only motion that is restful is harmonious motion and when, through my genuine needs, I have called to mine and mine has heard me and like has spoken to like and like has echoed in return each is sufficiently occupied with the other to have no time for the consideration of strange sights and sounds with which they have nothing in common. Thus is individuality preserved and personal history carefully worked out irrespective of meaningless diversions.

Marconi received a message from across the Atlantic without the aid of conducting wire, in spite of the confusion in the air and the quaking in the earth, simply because the two instruments which talked to each other were tuned to the same number of vibrations. A thousand instruments upon the surface of the sea between these two twin instruments, if keyed to a different pitch, would have striven in vain to catch a single word of the wonderful conversation, while a thousand instruments of the same pitch similarly located, could every one of them have heard accurately the Trans-Atlantic conversation. But whether the experiment be as wide as the world or as limited as the human body, the same universal law of like appealing to like is always and reliably in active operation. Darkness cannot shut out light, noise and confusion cannot prevent the establishment of peace and order, the savage races that bespatter the earth cannot stand in front of the steady tread of civilization, the devil cannot postpone the day of the Lord, sickness and death cannot conquer life for that is eternal, and the administration of palliatives and allopathic nostrums generally, cannot seriously interfere with the operation of the well selected homeopathic remedy. Alleviations cannot prevent cures.

There are no greater cures recorded in the history of homeopathic medicine than those which have been effected by homeopathic prescribing upon patients whose bodies have been completely saturated with heavy drugging, and with this fact staring us in the face, is it not evident to all that a properly prescribed homeopathic remedy has nothing to fear from the exhibition of heterogeneous prescribing, which is simply calculated to dull consciousness, unless they are sufficiently noxious and penetrating to enter the sub-conscious realm and destroy Nature's own reactive power by the complete annihilation of the individual?

This line of argument must not be taken as a plea for the employment

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of palliatives, but is simply intended to convince homeopaths that they have nothing to fear from the avalanche of palliatives that are being placed upon the medical market by the innumerable laboratories of the country which are vainly seeking to supply ready-made remedial measures for the convenience of the ignorant and the lazy in the practice of genuine medicine. I have nothing to say in favor of palliatives only this; they are scarcely worth serious criticism or opposition on our part for, so long as the entire world is law-governed and nothing can possibly happen outside of its operation, Homeopathy being one of Nature's own fundamental laws, has nothing to fear from them.

SOME PRACTICAL OBSERVATIONS ON THE STRENGTH OF MEDICINES.*

BY W. A. DEWEY, M. D., ANN ARBOR, MICHIGAN.

This is practically my first offense of writing on the question of potency. I did once read a paper before a local society on the question which was never published and therefore I feel at liberty to include in the present paper some of the points of that one. I wish to state at the offset that I am not a high potency man, a low potency man, or a no potency man, but that I am one of the class that believes in and uses all potencies. The subject of potency is one that is generally tabooed by our societies as provocative of perhaps too acrimonious discussion, it has been presented to our societies in all its phases, some advocating the high, some the low and some that secure middle ground between the two, while a few have arrived at a solution of the question, namely, by individualizing in potency with as much care as is done in the selection of the remedy.

The question of dose is certainly one of the most serious points of our therapeutics. After the recognition of the disease comes the choice of the remedy, but after the choice of the remedy comes the choice of the dose. The dogma of individualization extends as much to the dose as it does to the choice of the remedy.

My object in presenting this paper is not to go into the subject of potencies exhanstively but simply to give a few points that partake wholly of personal experience and observation during nearly a quarter of a century's work in the medical field. I believe that by comparing our experiences we can derive much value and perhaps secure better results in our treatment of disease. There reigns relative to dose in our school an incertitude amounting to almost anarchy, if some light can be

* Transactions American Institute of Homeopathy, 1902.

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thrown on the question by our discussion and some accumulated evidence can be obtained some good will be accomplished.

The allopathic school have what is called a system of dosage, that is, each remedy has indicated for it a minimum and a maximum dose and the range between these is very extensive, so much so, that practically this school is as much at sea as far as absolute dosage goes as we are.

We often hear it stated that dose has nothing to do with Homeopathy, that if a cure has wrought it is a homeopathic one no matter what the dose. I am not prepared to accept this as a correct statement for I believe that nature does some curing and that some cases recover in spite of the homeopathic medication. I further believe that cases are spoiled by giving the wrong homeopathic medicine, and I mean by this that recovery is retarded thereby, and that the same occurs when an unsuitable potency is given.

What the suitable potency is, is the question to be decided, it can only be answered by experience and experiment and it will be a long time before it can be determined with scientific accuracy.

Again we hear it said that certain drugs act better in certain potencies, some in the higher and some in the lower. This in a measure is a correct statement but it is by no means absolute. There is one point of which I am certain, namely that any remedy, no matter what it is, must be given in a sub-physiological dose in order to effect the best homeopathic cure. It must be given in a less dose than was used to prove it upon the healthy. In other words, I believe that if a remedy was proved in the third potency and its pathogenesis is wholly obtained from that potency it should be given in potencies higher than the third, in order to get its BEST homeopathic action in disease. I do not mean by this that lower potencies will not act, or that cures will not be made by the lower ones, but that BETTER results and QUICKER cures will be had from those potencies which are higher.

In passing, I would say that when high potencies are mentioned in this essay, I do not mean the potencies of Swan, Jenichen, Fincke and other makers who follow simply a bottle washing process, but the genuine Hahnemannian potencies, not going perhaps above the 200th or the 1,000th. The former are not what they are claimed to be, often in fact being lower than the 12th Hahnemannian potency, though labelled way up in the millions. Hahnemann used the 30th and never went higher, except for experimental purposes. I believe that much injury has been done Homeopathy, and is being done still by the advocating of these chimerical potencies which are not what they represent. On the other hand I also believe that perhaps as great an injury has been done to Homeopathy by giving our remedies in doses that are sometimes fully as

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strong, and, in some instances, stronger than the regular allopathic dose would be. It is the dynamic effect that the homeopathic physician should seek, not the materialistic one, yet it should be remembered that dynamics mean power and that matter is force.

Permit me to specialize a few remedies.

Pulsatilla.—This is a remedy that was proven, especially in the lower potencies, and most of its symptomtology is derived from the administration of the drug in strengths above the tincture. It has been my experience with this remedy that it acts best in the 6th potency and upwards. I have yet to see the decided action of Pulsatilla in the tincture and lower potencies that I have seen in the higher. Dr. Jousset, in his practice of medicine, recommends this remedy in the tincture in some catarrhal conditions, and in the 6th and 30th in others, for instance, he recommends it low in coryza and in the 6th in measles, in the tincture in gonorrhoea, and in the 6th in Leucorrhoea. In chlorosis the 6th seems the most effective.

Chamomilla.—The above remarks apply equally well to Chamomilla. I have often heard physicians remark that they seldom if ever prescribed Chamomilla, that it had never come up to their expectations, and that Ferrum Phosphoricum was nearly always substituted therefor. If these same physicians would use Chamomilla in the 12th potency, or at least not lower than the 6th, their respect for it would return. Drs. Bayes and Madden, of England, used this potency, and Jousset does not mention its use in strengths below the 3d.

Gelsemium.—This is a remedy that I formerly used in the lowest potencies and in California, where I practiced for a number of years, it was seldom, owing to climatic conditions, that aconite was indicated. gelsemium was our aconite. I have seen excellent results from gelsemium in the tincture and extreme low potencies that I have never been able to obtain in the higher, and I have tried it quite faithfully in the higher potencies. In paralytic conditions, however, it seems as if it ought to act best in the higher potencies, but I have not seen any evidence of it. In nervous headache and migrame there is no better potency than the 30th C.

Aconite.—That there are certain conditions where a remedy may act well in low potencies, yet in other conditions it acts better when given high, I am fully aware and this might be illustrated with aconite. In very acute affections the remedy should be given as low as the third. In neuralgias, however, I have found aconite 30th a very satisfying potency. This condition obtains with every remedy. It has been said the healthier an organism is the lower a medicine it takes to disarrange it, but when the system is already disarranged and the more it is disar-

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ranged the higher the potency necessary to form an impression, this being true and the aconite condition being a rugged one, it would seem that aconite high would be the logical strength. It has always been my experience that it does act better in potencies above those that would produce physiological effects.

Bryonia.—This is a remedy that I use almost exclusively in the 3d potency. Formerly I gave it in the tincture and first dilution but I have never had the prompt results in the lower dilutions that I have had in the third. Another thing that I have observed about bryonia is that it should not be repeated too often. I believe it a mistake to give bryonia every half hour or every hour, better effects will be had if the remedy be given every three or four hours, even in the most acute cases. In rheumatic affections only might bryonia be used lower, though even here Dr. Bayes recommends the 18th dilution. Dr. Dahlke of Berlin, asserts the higher potencies will do all that can be expected of the remedy.

Graphites.—This remedy in gastric complaints I have found most active in the 12th potency, this is the one recommended by Dr. Jousset from whom I got the idea, and I have found it to work well in this strength.

Nux Vomica.—This is another remedy Dr. Jousset recommends in the 12th potency in gastric disorders especially when accompanied by constipation and this too I have verified. I have seen nux vomica 200 cure constipation when the lower potencies, 3d, 12th and 30th have failed. I am positive that we have no better potency than the 200th in a genuine nux vomica constipation.

Anacardium.—This remedy is similar to nux in many ways and in my hands it has been practically useless in potencies lower than the 12th and I have heard this fact emphasized by a number of physicians. In mental troubles some authorities speak favorably of the lower potencies.

Cannabis Sativa.—In the treatment of gonorrhea I have never had such gratifying results from cannabis sativa in the tincture as I have had from the third potency. In an extensive practice in this affection I formerly gave ten-drop doses of the tincture, but soon found that a less dose was more efficacious and have been led to believe that those who have had no results or unsatisfactory ones with cannabis sativa have given it too low.

Coffea.—The 30th potency of this remedy in sleeplessness, according to my experience, is the only potency to give, by this I mean that I have never been able to get satisfactory results with the lower potencies. This may be due to the fact that inasmuch as coffee is an almost universal beverage high potencies act better.

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Digitalis.—This is a remedy that I never give in any other potency than the third. If it be indicated homeopathically by its slow pulse, its sinking at the epigastrium and its other well-known symptoms it will act well in this strength. I do not give it for a rapid pulse homeopathically for it is never indicated.

Conium.—If I am positive of any one thing in medicine it is the power of Conium 30th to cure certain lumps in the female breast. It has been my experience repeatedly to see tumors of a suspicious nature in the mammae disappear by the use of Conium in this potency. Of course the indications must present themselves here as with any other remedy, these are piercing pains, a tender gland with a fugitive stitching here and there in it. More especially is it indicated if the lump dates from some injury as a blow. I do not know but other potencies would do the same but I am sure of the 30th and could relate a number of cases wherein it has prevented the advised use of the surgeon's knife. If we wait too long or if the case is one too advanced time may be lost to the detriment of the patient, of this I am aware, but in most cases in the early stage of mammary tumors the waiting of a few weeks will not injure if the case be watched. It is in the formative stage of these neoplasms that the remedy will act by checking the development of the growth.

Arsenicum.—This is a remedy said to bear potentiation better than any other in the materia medica and I believe that it is the uuiversal testimony that the third centesimal potency is as low as it should be used. I think one can tie to this potency with considerable security. In intermittents, however, and in neuralgias the higher potencies act better and apparently it matters not how high one goes.

Sanguinaria.—In headaches this remedy has served me best in the tincture, but some authorities prefer the 6th. In rheumatism the higher potencies have proved more satisfactory to me.

Lycopodium.—This remedy is usually advised in the high potencies along with the other so-called inert drugs and it is in the higher potencies that it will work in the majority of cases, yet I have seen Lycopodium in the tincture do most satisfactory work in the so-called uric acid diathesis in clearing up the red sand deposit in the urine when potencies have failed. The homeopathicity of this is apparent.

Veratrum Viride.—This I have never used in any strength but the tincture, I would like to hear of its use in other potencies, but so few cases correspond to it homeopathically that I have had little opportunity to test it.

Kali Muriaticum.—One of the positive things in medicine is the power of Kali muriaticum to cure the ordinary follicular sore throat that

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occurs in children as a result of dietary indiscretion. I have so often verified this that I am sure of its action. I use the 6th having tried the 3d and the 12th with less satisfactory results. The white coated tongue should be present.

Capsicum.—Is a remedy that will be found useful in the third potency in dysentery and ear troubles, but in the gastric troubles from alcoholic excesses give the tincture.

Veratrum Album.—This is a remedy that I am actually afraid of in potencies below the 6th in diarrheas, not that it does not work, for it does work, and that, too, promptly. I have seen patients with choleraic diarrhea die from the too sudden stoppage of the discharge from veratrum 1x. The higher potencies act less promptly and with less danger.

Psorinum.—The efficacy of high potencies, the 30th or the 200th preferably the latter may be well tested by psorinum. It is a wonderful remedy and one not to be despised when well chosen.

Ignatia.—Perhaps more failures are made with this remedy because of the use of lower potencies than any other. The higher potencies act best.

Phosphoric Acid.—In the 12th potency I have seen check the night sweats of phthisis giving the patient increased strength during the action of the remedy.

Carbo Vegetabilis.—Is most always recommended and used in the higher potencies, but the 6th will act well in indigestion with acid or acrid eructations and the other symptoms of the remedy present.

Cinchona.—There is no doubt but that too many physicians err in giving cinchona too low in symptomatic anemia. This was well pointed out by Dr. George Royal. He advocates the 30th, and I have seen it work well.

Belladonna.—While the medium potencies of this remedy are to be preferred in most cases, in all hyperæsthetic conditions of the brain with intensified and violent symptoms the higher potencies should be given.

It would perhaps be possible to extend this paper to an unlimited extent by calling up other remedies, it has perhaps become tiresome already. There is one point, however, that I wish to mention, it is this:

Students oftentimes become possessed of the idea that the stronger the dose the quicker the cure. I recall my student days and the wonder and admiration Dr. Austin Flint excited when he wrote one of his interminable prescriptions upon the blackboard, the longer and stronger they were, the more the applause. An error in those who are beginning to practice homeopathy is that medicine must have a taste and color to satisfy the patient. This has worked great injury to the cause of homeopathy for the allopaths have accused us of giving stronger

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doses than they do. It has ever been an endeavor of the allopathic school to disguise and render pleasant their doses, yet there are homeopaths who habitually give bryonia, nux vomica and colocynth in the bitterest of doses, the acids so that they burn, iodine and cinchona in the darkest of liquids, even using coloring matters simply to satisfy their patients when better results would be obtained and the patient would be as well satisfied by the tasteless preparations.

Finally, it has ever been my opinion that the adoption of the decimal scale as a dispensing one has been a mistake and has worked injury to the cause of homeopathy by furnishing preparations that oftentimes too nearly approach in fact and in application those of allopathy. I am aware that finer and better division is obtained, but this could be obtained by changing the mode of procedure in making the centesimal potencies.

We should never lose sight of that fundamental principle of homeopathy, namely, to give the least possible amount of medicine that will cure.

TREATMENT OF LUPUS AND CANCER BY THE X-RAYS.*

BY BENJAMIN T. LORING, M. D.

In the six years that have passed since Rontgen announced his discovery of the X-rays, the field of their usefulness has been steadily enlarging. Almost immediately after their discovery experiments in many directions were begun. In some, the experimental stage has passed, and the healing influence of the rays been amply demonstrated. In others, notably tuberculosis of the lungs, there are reports directly opposite and conflicting. In the effects of the rays upon bacteria the same is true.

F. R. Zeit, in the *Journal of the American Medical Association* for Nov., 1901 (1), concludes "that the Rontgen ray has no direct bactericidal properties," and explains the good effect on lupus, favus, psoriasis and chronic eczema by "the action of ozone, hypochlorous and nitrous acids, necrosis of the deeper layers of the skin and phagocytosis."

Another equally reliable writer says, in the *Medical Record*, Jan. 18, 1902 (2), "that the Rontgen rays possess bacterial properties cannot be doubted any longer—and, in fact, staphylococcus, bacillus coli communis, and cholera vibrio die after being eradiated for one hour only."

In some particular lines one has succeeded where the majority have failed.

* Read before Boston Homeopathic Medical Society.

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Dr. Leonard, of Philadelphia, has had unusual success in the detection of renal and ureteral calculi.

Dr. Carl Beck, of New York, has obtained good skiagraphs of gall-stones.

A large experience has no doubt contributed greatly to their results, Leonard having reported on 206 patients examined for stone (3), and Beck stating (4) that he had made since 1896 over 10,000 X-ray examinations and taken 5,000 skiagraphs.

The many conditions besides cancer which this new form of treatment has been reported as curing, include various skin diseases, goitre, tubercular glands and joints, prostatic hypertrophy, nephritis, rheumatism, and phthisis.

It should not surprise homeopaths that an agent which will produce itching, redness, burning sensations, and if carried far enough, cracking, ulceration and sloughing, will relieve such diseases as pruritis, eczema, lupus, and other superficial malignant growths and ulceration.

I have said that in some points there is wide diversity of experience and opinion. Upon those chosen as the subject for this paper there is substantial agreement. Without exception, every reputable authority that I have been able to consult, agrees that sufficient time has not elapsed to insure that the good results obtained are permanent. Already a few relapses have been reported, but all yielded readily when treatment was renewed. Most of the cases reported as cured have remained so up to the present, some dating back three or more years.

So far as I have seen, all physicians and surgeons familiar with the X-rays advise operative treatment for extirpation of malignant growths, other than superficial, when possible. X-ray treatment is advised for superficial growths, recurrent inoperable cases, and primary cases too far advanced for any hope of successful operation. It is also being tried by those who flatly and finally refuse operation, preferring death to any form of operation involving complete anesthesia.

For the reasons mentioned, most of the cases reported as cured by the X-rays have been relieved after the surgeon has refused operation, either by reason of recurrence or too great involvement for successful operation.

Dr. Geo. C. Hopkins, in the *Phila. Med. Journal* (5), reports a case of recurrent carcinoma of the breast cured by X-rays.

Dr. Clarke, in the *British Med. Journal* (6), reports remarkable improvement in a case of carcinoma of the breast.

Dr. Chas. W. Allen, of New York (7), at a meeting of the New York Post Grad. Clinical Society, says: "I have thus far treated six cases of epithelioma — one upon the chin, two upon the nose, one upon the finger,

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one upon the forehead, and one upon the cheek. Four were recurrent cases and one was primary. One disappeared from observation; the others have done well and might be considered cured, but are still taking ray treatment, and I trust will continue to do so for some months."

Commenting on the above, Dr. Wm. I. Morton, professor of nervous and mental diseases and electro therapeutics in the New York Post-Graduate Medical School and Hospital, says: (8) "I have found the X-rays eminently successful in treatment of cancer. I think we have found in it a cure for the malady, but yet we must wait for further proof before this is established without doubt. I have had fifteen victims of cancer under treatment, and of these three are cured, while all the others are progressing favorably."

Dr. Carl Beck, of New York (9), reports a hopeless case of melanotic sarcoma of the leg, in which metastatic nodules disappeared, and well developed sarcomatous tissue shrank and cicatrized.

Dr. G. B. Ferguson, president of the British Medical Association, says in the *British Medical Journal:* (10) "The salutary influence of the Rontgen rays on cancer is quite remarkable, and to judge from what I have already seen I will venture to predict that the day is not far distant when their use for diagnosis will be a small matter in comparison with their employment for the relief and arrest of cancerous and allied growths and ulcerations."

Dr. Francis H. Williams, of Boston, in his book entitled "The Rontgen Rays in Medicine and Surgery," devotes sixty-three pages to the therapeutic uses of the rays. He cites (11) several cases, fully illustrated, with pathological reports by Dr. Mallory. Especially convincing are the excellent photo-micrographs, showing the character of the growths before treatment, and the displacement of the carcinomatous tissue after exposure to the rays.

In the treatment of cancer other than superficial, few have as yet made any report. Dr. Gilman, of the Hahnemann Medical College and Hospital, Chicago, however reports (12) the apparent cure of deeper growths. More recently, Dr. Coley, of New York, reports a series of ten inoperable cases of sarcoma treated by the X-rays, with several re-recoveries (13). The test of time has not yet been sufficiently applied to render such reports conclusive.

Regarding lupus, I will say only that I have yet to hear of any case which has resisted the treatment by the rays, allowing the cases reported to speak for themselves.

In rodent ulcer no case has as yet come under my care. What reports I have seen agree that in this as in lupus, the action of the rays is

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uniformly successful. The relief of pain, even in advanced and incurable cases, is an almost constant phenomenon.

The greatest caution is required in cases where prolonged and numerous treatments are necessary, to avoid setting up a severe and intractable dermatitis, or "X-ray burn." As far as known, these burns depend upon the individuality of the patient, the character of the tube, the degree of exhaustion of the tube, the amount of current used, the length of time of exposure, and the distance of the part exposed from the tube. They seldom develop immediately after exposure, and may not for several weeks. Between five and fifteen days is the most common latent period. This peculiarity largely explains their occurrence, especially among cases treated by persons not familiar with the powerful character of the agent they are using.

A coil, such as is used in hospitals, is almost identical in construction with the transmitting apparatus for wireless telegraphy, of enough power to transmit electrical vibrations for many miles. Insulation will not altogether prevent them, Dr. Rollins, of this city, having produced (14) in guinea pigs different degrees of inflammation and death where the insulation was as perfect as possible. The statement that only by setting up a dermatitis can a cure be established, has been demonstrated to be untrue.

It is probable that a very few burns will occur in spite or all reasonable precautions. A knowledge of the disease being treated is, or should be, a prerequisite to the right to expose any patient to the action of the ray for therapeutic purposes.

The importance of this point is becoming generally realized. Already in some European countries legal restrictions have been imposed. An editorial in *Archives of the Rontgen Ray*, published in London, says (15), "As the methods of regulation and control of the kind and degree of action that is desired are more accurately defined, the sphere of usefulness of the Rontgen rays must extend; but whatever the use that is made of them in photography, it is absolutely essential that no one who has not had wide experience in their application, and who is not at the same time well acquainted with the nature of the disease to be treated, should ever apply them to therapeutic purposes. The unfortunate accidents which have occurred from time to time, and which, seeing that the Rontgen rays were entirely outside our sphere of knowledge, were in the majority of instances unavoidable, will then become ancient history; and the Rontgen rays will take their place among the agencies which can be beneficially used for the relief of suffering, as they already have won their way into the ranks of those that are regarded as essential for diagnosis."

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Such accidents are already the great exception. Even with such exceptions, and granting that some reports may be overcolored by enthusiasm, in the Rontgen rays a notable addition has been made to the resources of the physician in the treatment of some cases that hitherto have progressed almost invariably by a painful course to a fatal termination.

Case I.—Patient Mrs. E., age 70. Family history negative. General health good. Small ulcer at outer angle of left alæ nasi, of twenty or twenty-five years' duration. Discharged continuously. Much itching and some pain. First treatment June 2, 1901, and three times weekly till July 25, when pain was absent and ulcer entirely healed over. Continued well until the death of the patient from other causes on January 19 last. The time of treatments was ten minutes each, the distance from the platinum about five inches. A tube of low vacuum was used.

Case II.—Patient Mrs. C., aged 35. Married. Ten children. General health good. For seven years has been troubled with an ulcerated area in the centre of the left cheek. This area alternately discharges and scabs over. Is about two c. m. in diameter. Has sharp neuralgiac pains in the same situation. First treatment June 13, 1901, and three times weekly for two months, when the skin was smooth and the pain absent. Seen again in October, 1901, and last on March 9, 1902, and appears to be entirely cured. In this case the longest exposure was five minutes.

Case III.—Patient Mr. G., age 66. Family history negative. Patient's history, injury to right leg when seventeen years old, which required amputation above knee. Recovery very good and engaged in active work as a mechanic for years. In 1884 there appeard a small, red, elevated sore spot on the left alæ nasi at its junction with nasal bone and cartilage. It looked like a mosquito bite for a period of about three years. It then began to spread on nose, with finally a resulting scab, which covered nearly the whole of the left surface of nose. This continued until the ulceration went through the soft parts and opened into nasal cavity of left side. This took up a period of about four years (seven years from first indications). Absence of pain all through this period. There was no treatment that checked the progress of the condition, and operation on the nose followed. It then began to spread, until the entire face from the hair line down was more or less involved. X-ray treatment was first used in December, 1900, by Dr. Williams. There was marked improvement from the start. It soon began to itch in and around these ulcerated areas, and good healthy granulations followed, with a skinning over of almost the whole diseased parts. Treatments were given as often as every other day, and exposures of from

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five to eight minutes. Mr. G. left Dr. Williams in April, 1901, in an improved condition. He began treatment again in July, 1901. At that time there were three large areas on each cheek; the inner canthi of both eyes also showed ulcerated areas. These have all cleared up save for the left eye, which has given him a good deal of trouble, due to the fact that the cartilage of the upper lid seems to be involved. There remains at present a point about the size of a small pea which still discharges, Sept., 1901. After several more treatments this last small area healed over also.

Case IV.—Patient Mrs. H., age 30. Married. Several children. Admitted to hospital June 13, 1899, with lupus as large as palm of hand, the left ear in the centre of diseased area. Operation by Dr. Packard. Ear came away. Bones of middle ear also came away during curetting. Area scraped thoroughly, and several days later skin grafted. Healing was immediate, excepting the middle ear, which continued to suppurate. Discharged from hospital June 30, 1899. Re-admitted with extensive recurrence May 28, 1901. Area curretted and caustic applied by Dr. Biggs. Discharged May 30. Seen again on October 7, 1901, when there were two ulcerated areas, irregular in shape, one area measuring slightly less than an inch in diameter, the other about 1 by 1½ inches. The discharge from the middle ear was profuse and foul, and there was much pain along the facial nerve. First X-ray treatment October 7, 1901, and three times weekly till November 8; time ten minutes; distance four inches. Discharge changed in odor and character, and tubercular nodules were replaced by a smooth, granulating surface. Pain somewhat relieved but still present, especially on exposure to cold air. From Nov. 10 to 16 exposed for ten minutes daily, at the end of which time dermatitis appeared over all the area exposed, and treatment was suspended. Total treatments twenty-two. Seen at intervals of about two weeks since that time. On December 15 the edges were flatter and beginning to draw in. On February 10, 1902, the discharge from the auditory canal was absent. On February 27, the posterior ulcer was entirely closed over, and new blood vessels were prominent in the freshly formed tissue. Pain is absent. Very little discharge from remaining unhealed surface. March 31, the ulcers are entirely closed over, and the middle ear covered with a smooth, pink epithelium.

Case V. — Patient Mr. I., age 55. Laborer. Married. Nine years ago a growth appeared on left side of face. Two years after appearance it was excised at the city hospital. After five years, reappeared, and was again removed, but recurred in a few months. Seen by Dr. Powers at the Dispensary, and by Drs. French and Emerson at the hospital. Diagnosis, probably sarcoma. Entire right side of face

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involved, and mouth drawn out of shape. Small area of ulceration near angle of the mouth. Glands in neck enlarged greatly, two being fully as large as an egg. Pain constant and severe, preventing sleep. Between February 4 and 27 given twelve treatments. Only result seen was relief of pain for a few hours following exposure. Patient became discouraged and after February 27 did not return.

CASE VI.—Patient Mrs. C., age 86. Widow. Health poor. First noticed small growth in left breast in April, 1901. Seen in October by Dr. Bell, again in January, 1902, during which time it had increased somewhat. On February 5, when treatment began, it was about the size and shape of a large English walnut, hard, but freely movable in the upper inner quadrant of the left breast. The pain which accompanies it is very annoying, though not severe. Is not sore to touch. Between February 5 and April 3 has had nineteen exposures, varying from four to seven minutes in length, at a distance varying from seven to twelve inches from the platinum. The pain decreased steadily, and since February 28 has been absent. The size of the growth has decreased slightly. No further decrease appearing, on June 5, the breast was amputated by Dr. Bell. Pathological examination by Dr. Watters, showed the tumor to be carcinoma, with a beginning involvement of the axillary glands.

CASE VII.—Patient Mrs. B., age 36. Married. Several children. Health good. Left breast and axillary glands removed in April, 1901, by Dr. Bell. Recurrence in line of incision noticed in September, 1901. Re-entered hospital December 22. Breast contains many nodules, several as large as walnuts, red, shiny, and sensitive to touch, also to pressure of clothing. Left arm can be used very little on account of pain. The scar is depressed and closely attached to chest wall. First treat ment December 22, two-minute exposure, at a distance of twelve inches. Relief from pain and sensitiveness immediately. December 23, double ovariotomy by Dr. Bell. Second treatment December 28, and every two days since, with the exception of one week, when she was absent from the city. Time of exposure increased gradually from two to four minutes; distance from tube decreased gradually from twelve to seven inches. Total treatments forty-five. At present a few spots of a darker color than the skin remain where the largest nodules were orignally. The cicatricial depression has disappeared, except at one point. The general health and condition of the patient are better than for many years.—*New England Medical Gazette.*

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Among the Journals.

SIX YEARS IN A DERMATOLOGIC CLINIC.

Dr. E. A. Fishkin (*American Journal of Dermatology*) gives a record of his experience in six years of work in the Hebrew Charities Free Dispensary. During this term he treated over two thousand cases of nearly every variety of skin affection, about 35 per cent. of which were cases of eczema. In writing on eczema he says:

For the purpose of constructing an intelligent and comprehensive method of treatment of this mysterious disease I accept, dogmatically, the following propositions:

1. Eczema is a parasitic disease.

2. It is a local disease of the upper layers of the skin.

3. It is caused by a micro-organism of a weak virulency, whose toxic effects are soon overcome by the skin under suitable and favorable conditions.

4. There is no specific for eczema, neither internal nor external.

Consequent on these propositions, and on the clinical fact that eczema has a tendency to react on every irritation with exudation and more or less inflammation, it follows that:

1. The sole aim of internal medication can only be improvement of the patient's general constitution and of his functional activities, with the hope to restore vital force to the system and the affected skin, strengthening thus its resistance against the action of the microbes.

2. Inasmuch as external treatment intends to be casual, it can only consist of applications of parasiticides; but in eczema, as well as in many other infectious diseases, in attacking the micro-organisms care must be taken not to injure the tissues in which they are imbedded.

3. Relating to acute eczema, all that our treatment is able to accomplish is to bring about conditions favorable for the natural healing by removing injurious circumstances and suppressing unfavorable conditions which retard the natural tendency of healing.

The method of treatment and management of acute eczema, based upon these propositions, must naturally rest also on the principle of *non nocere*. Still, it is not a method of nihilism. It does not result in simple negation. On the contrary, it involves a system of active interference and of positive action.

It is a matter of daily observation that the eczematous skin is in a state of excessive irritability and of lowered resistance. The slightest

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injuries, which heretofore had no effect on the skin, as pressure of clothing, perspiration, exposure to heat, bring about aggravation of the disease or new attacks. It is, therefore, our aim to preserve the skin from these injuries by covering and protection.

The prevailing symptom of acute eczema is that of inflammation, of hyperemia, edema and discharge. The discharged fluid spreads over the surrounding healthy skin, macerating the epidermis and spreading the infection; or, when drying up into crusts, it remains on the diseased surface as a constant source of irritation. These conditions, too, can be eliminated by covering the skin with a suitable dressing. The dressing shall answer the following purposes:

It shall protect the skin from external irritation, shall soften and dissolve the crusts and prevent their formation, shall reduce the exudation by an astringent action on the capillary system of the skin, shall possess antiparasitic properties to a degree permissible by the irritability of the skin, viz., shall destroy the microbes without injuring the epithelium, shall remove the subjective symptoms of the disease, the most troublesome of which is itching, and shall not disturb the natural tendency of the skin to exudation and casting off the microbes and the toxins by simply damming up the secretion, but by eliminating its causes.

To comply with these requirements it is not only necessary to use the proper medicaments, but also to apply them in a proper way; or, in other words, the vehicles by which we carry the medicaments to the skin and the methods of their application are of the same, if not greater importance, than the drugs used. Taking into consideration the physical and physiologic properties of the vehicles commonly employed, it will become obvious that all the requirements above mentioned are fulfilled by having the applications in the form of powder or lotions, and that most of them are ignored when the coverings applied are ointments. I believe these remarks will serve a good purpose if they be reduced to this one point—to the accentuation of the fact that ointments are injurious in acute stages of eczema.

From all the requirements above mentioned, ointments meet only two—they cover the surface and macerate the crusts; but at the same time they macerate also the epithelium. They produce swelling of the horny cells, the effect of which is narrowing of the intercellulary spaces and obstruction of the free exit of excretion, thus damming up the exudation and producing stasis in the mucous layers. Closing up the discharge, they prevent its evaporation. This diminishes the property of the skin to give up heat, increases its temperature, and contributes to the increase of hyperemia, edema and inflammation.

When the exudation is localized, viz., the eruption is papular or

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visicular, the covering shall consist of powder; good results also being obtained by glyco-gelatin pastes, pastes and lotions. But when the congestion becomes general, as in eczema madidans and also in eczema erythematosum, the dressing must be wet and of an astringent character for the purpose of macerating the crusts and to diminish the congestion, promoting thus the natural process of normal cornification.

All these essentials are met by a preparation which is largely used in Germany, and which to my knowledge is very little known here. This medicament is liq. alumin. acet. or liq. Burowii, the preparation of which is given by the U. S. Dispensatory; it is used in the proportion of two to three tablespoonfuls to a glass of sterilized water. As a substitute one may use:

℞ Alumin. crud..... 5|0
Plumb. acet..... 10|0
Aq. destil.....500

Its action is astringent and antiseptic.

Other solutions of mild germicides may be used, as:

℞ Ichthyol.....5-10
Aq. destil.....100

Or:

℞ Acid. boric.....5-10
Aq. destil..... 100

Dressings with these solutions or in combination with some indifferent powder (lotions) are the best applications for the acute stages of eczema, care being taken to apply the dressing to the diseased surface only, avoiding unnecessary maceration of healthy skin.

In infantile eczema, especially of the scalp, I have used a lotion of ichthyol and carron oil, 5 to 100. In eczema intertrigo, painting the surface often with a solution of arg. nitr. two to three per cent. in addition.

To sum up, the main principles of the treatment of eczema are: (1) protection of the skin; and (2) application of mild antiseptics. In the first the treatment is symptomatic, in the second it is casual. When the predominating symptom is that of exudation, the symptomatic treatment should prevail.

With the subsidence of the acute exudative process and transition into the subacute or chronic stage, with the predominating symptom of disturbed epidermic function (formation of scales) or of cellular infiltration, stimulating pastes and ointments should be employed, stimulation being here equivalent to the use of parasiticides.

In chronic eczema keratoides, especially in trades ecxema of the hands. I have employed one to two per mille corrosive sublimate baths

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for ten to fifteen minutes, as hot as the patient could stand, followed by application of diachylon ointment containing five per cent. salicylic acid, with satisfactory results.

The following data may be of interest:

The percentage of eczema in the total number of cases treated was 36 (against 29.75 per cent. in the returns of the American Dermatological Association, and 33.12 per cent. in the dispensary practice of L. Duncan Bulkley). The percentage of infantile eczema in the total of all skin cases of children under five years was 40.

SOME GYPSY SALVES.

The country doctor is often compelled to use a salve of some sort, if for no other purpose than to appease the mental desire of the patient to be "doin' sumpin." These salves are often useful, however, as they appear to bring a better flow of blood to the parts and blood carries with it the "leaves of healing" nothing like those that Dowie, the self-styled Elijah II, swears by.

Dr. Ralph St. John Perry (*Wisconsin Medical Recorder*) under the above heading gives three recipes for the manufacture of salves which are used by the gypsies that live in the Mississippi valley. He gives his first experience with one of these salves in the fact that a patient having been under treatment for some time had a sinus, discharging pus which failed to heal under treatment he thought of. The sinus followed an amputation of a finger resulting from a neglected felon. He suggested another amputation to which the patient objected until he had consulted his parents, and went away. He returned in a week with the finger healed. Dr. Perry says the flow of Anglo-Saxon was ornate and forcible from the patient. "After he had departed and the atmosphere had cleared up I filtered from his remarks that his finger had been healed by an old gypsy woman who was camped out at the edge of the town." He had in other years picked up an acquaintance and a friendship with some gypsies and he reasoned if this salve was good in this particular case it ought to be good in others, and determined to get hold of the formula. He continues:

"Leaving my professional dignity behind I sought out the camp. A few inquiries elicited the information that the woman in the case was the wife of Spardia, a gypsy doctor, whose home was near Dayton; some palaver developed the fact that we had mutual friends in the tribe, and inside half an hour I was on good terms with the entire outfit. Two or three visits were made before the object of my search was broached,

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but meanwhile I saw several cases of badly hurt hands and feet dressed with various salves.

Some things come to some people who wait some time and the desired formulae came to me. I found that my gypsy friend used three salves in her work, but these she had obtained from her husband and that they were in common use by the doctors of the various Romany tribes throughout the Mississippi valley. Here they are:

NO. 1. GREEN SALVE.

℞ White pine turpentine
Lard, fresh, a a ℥viij
Honey
Beeswax, yellow, a a ℥iv
Melt, stir well and add Verdigris, powd., ℥iv
M. Sig. Apply locally.

Said the gypsy matron, "It cannot be surpassed when used for deep wounds as it prevents the formation of proud flesh and keeps up a healthy discharge."

NO. 2. SALVE FOR ALL WOUNDS.

℞ Lard, fresh, ℥xvj
White lead, dry, ℥iij
Red lead, dry, ℥j
Beeswax, yellow, ℥iij
Black resin, ℥ij
Mix, melt and boil for forty-five minutes, then add
Common turpentine, ℥iv
Boil for three minutes and cool
Sig. Apply locally to cuts, burns, sores, ulcers, etc.

Romany comment: "It first draws, then heals afterwards."

NO. 3. IRRITATING PLASTER.

℞ Tar, purified, ℥xvj
Burgundy pitch, ℥j
White pine turpentine, ℥j
Resin, common, ℥ij
M. Melt and add
Mandrake root, powd.
Bloodroot, powd.
Poke root, powd.
Indian turnip root, powd., a a ℥j
M. Sig. Apply to skin in form of a plaster (spread on muslin) and renew it daily.

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Spake the oracle: "This salve will raise a sore which is to be wiped with a dry cloth to remove matter, etc., etc. The sore must not be wetted. This is a powerful counter-irritant for removing internal pains, and in other cases where an irritating plaster is necessary."

When these formulæ came into my possession the first thing I did was to try to civilize them, to eliminate those ingredients which to my mind were inert, but I found that under the civilizing process the salves lost much of their value. I have since then made them according to the rules and regulations laid down above, using exactly the ingredients specified, and peace has reigned within my bosom. To any of my friends who may want to try the salve I would suggest that they "obey orders if it breaks owners" even though they may have to search a good deal to secure some of the obsolete components.

DIPHTHERIA BACILLI IN WELL PERSONS.

We have before us the report of a committee of the Massachusetts Association of Boards of Health on Diphtheria Baccilli in Well Persons. This subject is one of the utmost importance and of wide general interest. It is the common experience that diphtheria bacilli frequently persist in the throat and nose of patients some time after recovery, and even persons not clinically diseased may, in many instances, harbor virulent bacilli. These facts are stated in the report to be quite in harmony with our knowledge concerning the relation of disease germs to the individuals liable to their attack. It has been the object of this committee to determine the frequency of the different forms of diphtheria--like bacilli in healthy persons and secondly, the virulence of the different forms, A number of bacteriologists were requested to examine separate cultures from the nose and throat, according to the classification of Dr. F. F. Westbrook, which is described in detail, and their reports have been carefully tabulated. The object of using a single satisfactory classification was to eliminate the personal equation to a great extent.

We regret that space does not permit us to discuss at length the bacteriological phases of the problem, *i, e.*, the variations in form of the diphtheria bacilli and their virulence. The practical side which the question presents has been well considered, and two main conclusions are formed. It is stated that it is impracticable to isolate well persons infected with diphtheria bacilli, if such persons have not, so far as known been recently exposed to the disease. The second conclusion is equally important. It is not advisable, as a matter of routine, to isolate from the public all the well persons in infected families, schools and institutions. Children of infected families should remain on their own prem-

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ises, if possible. Wage-earners may usually be allowed to continue their work, unless they are brought into close contact with children. It is important to educate both children and adults in the necessity of properly caring for their persons and their secretions, so as to avoid, as far as possible, spreading of the infection. The practical difficulties in the way of isolating well persons who are carrying virulent bacilli in their throats are very great, and much hardship to the individual may thus result. The report before us handles the subject broadly and with due regard for the right of the individual and the community in which he dwells.—*Philadelphia Medical Journal.*

[The question arises, "If diphtheria bacilli are present in well persons, then does not the diagnosis of this affection really rest upon the clinical symptoms?" The bacilli being, in every case, but a partial confirmation of the diagnosis. Then, if present in well persons, is it a fair inference that antitoxin is a specific when as many people die of diphtheria as formerly? Simply for you to answer, that's all.—EDITOR.]

TREATMENT OF UTERINE DISPLACEMENTS.

Dr. DeWitt G. Wilcox (*Homeopathic Journal of Obstetrics, Gynecology and Pediatrics*) presents an interesting paper under the above heading from which we glean many good points. It is evident from the prefatory remarks that Dr. Wilcox believes that many, if not all displacements of the uterus are preceded by periods of enlargement of the uterus and states "We do know that a uterus normal in size is rarely displaced and still more infrequently prolapsed." With this premise we are ready for his next assertion that "if we find the cause producing an enlarged uterus we have made a move in solving the above propounded question." He believes that frequent abortions are more prone to leave the uterus subinvoluted than are an equal number of pregnancies, to which we acquiesce.

The majority of cases occur in women who have borne children and among the causes he mentions the tendency of mothers not to nurse their children, a tight abdominal bandage, and the enforcement of the dorsal position for too long a period. He then says:

"I am of the belief that when an enlarged uterus is found due to any cause, whether it shows a tendency to displacement or not, it is wise to institute treatment for its reduction; for by so doing we are taking strong preventative measures against displacements. Such treatment consists of curettage, glycerin tampons, regular bowel movements, daily exercise, and light gymnastics. I need not add the remainder which

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every gynecologist fully recognizes, that a lacerated cervix should be repaired and every ruptured or relaxed perineum should be re-united. Indeed, all or any treatment to the uterus will be of little avail if these defects are allowed to remain uncorrected.

"Now for the treatment after such has become established. Anteflexions are to be considered entirely distinct from the retro-displacements, because they are undoubtedly due, in the majority of instances, to an undeveloped state of the uterus, and are in consequence a congenital defect. Here the treatment is largely hygienic. I have found in adult women that a cup pessary gives much relief in this condition. There is a curious fact relative to the anteflextion in married women, and that is the tendency for such women to be sterile. I recall two cases of that nature wherein the patients had been married some ten years without children, and the wearing of a cup pessary so overcame the difficulty as to enable them to become pregnant.

"Treatment of Retro-Displacements.—In the milder form of cases, free from adhesions, tamponade, the knee-chest position, electricity and uterine massage may effect a cure. In these cases the pessary can be used to great advantage, if managed rightly, which means not to allow the patient to wear it too long. In exaggerated cases, especially where adhesions have formed resulting from an old time salpingitis, or pelvic peritonitis, there is to my mind but one method of cure, and that is ventral suspension or fixation, according to circumstances. Of this I will speak later. The Alexander operation has not, in my opinion, fulfilled the expectations. There are so many conditions upon which it is dependent for success. First, the round ligaments, when found, must be strong enough to sustain the traction made upon them, and then they must not give out again, as they did originally when they allowed the uterus to become displaced. Second, they must not give way after they are attached in their new position. This operation is applicable only in the less severe type of cases, and fails entirely when adhesions are present; neither does it allow the opportunity to examine the uterine adnexia, as does the ventral.

"In prolapse of the uterus we have an efficient and safe method of cure which transforms a miserable sufferer into a happy woman. Certainly it is a pitiable state for a woman of fifty or sixty years of age to go about with her uterus hanging outside of her body. This condition is due to a combination of causes: a ruptured or relaxed perineum, a large uterus, a long, conical os, overstretched ligaments and vagina due to frequent pregnancies, intra-abdominal pressure resulting from abdominal obesity, intestinal indigestion and straining at stool. One of the early indications of approaching prolapse is the appearance of a recto-

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cele or cystocele. In the absence of a strong perineal backing the rectum has lost its support, hence the effort at stool tends to push the posterior wall of the vagina downward and forward and a rectocele is established. With this stretching of the vaginal wall the uterus is pulled down and soon the anterior wall descends bringing the bladder with it, and thus a cystocele is established. Hence, in treating a prolapse, the first thing to correct is the perineum; with that unrepaired all other measures fail. Next, look to the cervix. If that be long and conical, amputate well up to the vaginal vault; especially is it wise to do this in women past the menopause. Next, correct the rectocele or cystocele by an anterior or posterior colporrhaphy. But the most essential of all is the fixation or suspension of the uterus to the abdominal wall. This operation is so simple, so quickly performed, so devoid of all danger, and so extremely satisfactory withal, that, to my mind, it has become the ideal method of treating all cases of exaggerated retro-displacements, partial, prolapse or complete procidentia.

"I shall not go into the details of this operation further than a few points which are essential to its success. First, the abdominal incision should be as low as the bladder will allow, and should not be over two inches in length. Second, the uterus should be brought so well forward that it becomes slightly anteflexed and thus the fundus, or even the posterior surface, rather than the anterior surface, should be sewed to the abdominal opening. Third, the sutures (silkworm) should pass through the uterine muscular substance and through the abdominal wall, together with a number of catgut sutures introduced through the abdominal and uterine peritoneum. The operation is almost entirely devoid of risk and followed by very gratifying results; at least such has been my experience with the same. The objection raised on the score of interference with future pregnancies is of no weight. The union between uterus and abdominal walls is only peritoneal in the ventral suspension operation, and when called upon to "give," as in a developing pregnancy, this union simply stretches out into an artificial round ligament, which does not seem to lose its grasp after the termination of labor. In older women the fixation method is better because it will hold the uterus for all time, even though the patient has a procidentia and is obliged to do heavy manual labor.

"Another procedure is that of vaginal hysterectomy. This may be satisfactory in some few cases, but I doubt its practicability and its necessity. My experience has taught me that the rectum and bladder will prolapse just as badly after the uterus is out as before. Hence, I do not employ it. I have been able to examine by abdominal section two of my patients upon whom I had previously made the ventral suspension

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operation after each one had been confined, and found the uterus in good position with the adhesion still intact. Another young woman upon whom I made the operation one year ago has just been confined two weeks ago. She went through the gestation period with perfect normal conduct and her confinement was unusually easy, for a primipara. An examination made yesterday showed the uterus to be in a normal position, whereas previous to the operation, the retro-displacement has been so great that the fundus was wedged well down against the rectum.

"In summing up, I desire to make clear the point that many exaggerated cases of uterine prolapse and retro-displacement are preventable by careful attention to the parturient woman, and by healthy manner of living on the part of the wife who seeks to avoid bearing children.

"Second, a partial prolapse or an initial displacement may be effectually checked by rendering the uterus normal in size and repairing all lacerations and ruptures.

"Third, the worst possible cases can be effectually cured by means of the ventral suspension operation."

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Materia Medica and Therapeutic Hints.

Cranberries.—The pure, fresh juice of raw cranberries, given freely, either undiluted or with an equal part of water, is an excellent means of relieving the thirst in fever, and, moreover, is markedly antipyretic. In the thirst and vomiting peculiar to cholera it is even more effective. In fifty cases in which ice and narcotics failed to make the slightest impression, cranberry juice, in small but repeated doses, rapidly checked both vomiting and nausea.—*Goriansky.*

Vaccination.—Dr. Theresa Bannon, public vaccinator at Syracuse, N. Y., advocates putting the glycerinated lymph on the arm or leg before the scarifications are made. Through the drop of lymph three vertical and three horizontal scarifications are made, covering an area a quarter of an inch square, and the virus pricked into them. By this method the virus is carried to the depth of the scratch, and the scratch, coming at the end of the process instead of the beginning, finds the fears of the child relieved by the assurance that it is all over. Vaccine kept in a warm office or in a coat pocket soon loses its power. It should be obtained fresh from the producers and kept in a refrigerator.—*N. Y. Med. Jour.* Aug. 9, 1902.

Death-rate for 1901.—According to statistics just issued, Washington had the third highest death-rate among the larger cities of the United States during 1901: Charleston, S. C., stands at the head of the list with a death-rate of 29.11 per 1,000; New Orleans next, 21.44; Washington, 21.14; Baltimore, 20.25; New York, 20; Boston, 19.70; San Francisco, 19.34; Cincinnati, 18.88; Philadelphia, 18.27; St. Louis, 17.67; Chicago, 13.88. Iowa was the most healthful State, with a mortality record of 9.2 per 1,000, and among the territories, Arizona was first with a rate of 3.3. Louisiana has the largest percentage of deaths, 20.65. The healthiest town in the United States was Ellsworth, Wis., where, with a population of 1,500 there were only two deaths, one of those being from smallpox.—*Amer. Med.*

Typhoid Fever.—I treated it as follows: One grain of permanganate of potassa dissolved in two quarts cold water was injected into the bowels every time the temperature would rise above normal. The first thus treated was a man about thirty years of age, with a case so malignant that his temperature was 7½° F. above normal, tongue black, swollen and bleeding, and protruding out of his mouth. He was so delirious that three friends were holding him in bed. Forty minutes after the first enema, the patient dropped off to sleep. I sat by his bed

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one hour and ten minutes, when he awoke, perfectly sane, asked where he was and what we were doing there. In two hours his temperature began to rise, when I repeated the enema. After the second enema the temperature remained normal for three hours. I repeated the enema every time the temperature rose above normal, and the patient's tongue moistened, cleaned and retracted in his mouth the second day of treatment.—*Col. Med. Jour.*

Creosote in Pneumonia.—My experience with creosote in the treatment of pneumonia during the past winter and spring has been very satisfactory. I have treated some eighteen cases, four in one family, and some of them were what I would call grave cases, and every one of them went along to rapid recovery. With a few exceptions I have not experienced the remarkable quick reductions of temperature noted by some, but my results were obtained after administering the remedy from three to five days, when the temperature would fall, the lung would begin to clear up, and by the proverbial ninth day my patients would be well on their way to convalescence. I also used aconitine and strychnine pretty freely during the entire course of the fever, and the latter during convalescence.—Dr. J. W. Casey in *Alkaloidal Clinic.*

[And, after all, one cannot say that aconite had no effect upon the condition, and hence the above tribute to creosote loses some of its force, for it might be that the two remedies, aconite and strychnine, did as much, if not more, than creosote. However, quite a goodly number of physicians are praising creosote in pneumonia.—EDITOR.]

Iodine and Goosegrease.—Dr. Geo. T. Jackson, at the last meeting of the American Dermatological Association, asked the members to give trial to a combination of iodine and goosegrease which has been extensively used at the Vanderbilt Clinic, where Dr. Jackson is instructor in dermatology. One drachm of iodine crystals rubbed up in an ounce of goosegrease is the combination, and employed in all cases of trichophytoses, has been found to be the most efficient means of combating this affection, and is used now almost to the exclusion of other remedies when the head or beard is involved. Applied as it is at the clinic by being well brushed into the affected parts every other day, the most extensive cases of ringworm of the beard where the neck and chin are lumpy with infiltration have been overcome in three weeks' time at the utmost. The day after a first thorough application in these bad cases patients freely state their relief from the tense, drawn feeling and burning sensation, and though the measure is not particularly pleasant at the time of application, they willingly accede to it for the after relief. This combination with goosegrease is deeply penetrating, for under the microscope hairs show staining with the iodine down to the bottom of

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their roots. On the scalp of a child it does not seem to be very irritating, and the patches get well.

General Rules for Feeding Young Children.—The following valuable rules for feeding children are laid down by Gilman Thompson in his "Practical Dietetics":

1. Allow time for meals.
2. See that the food is thoroughly masticated.
3. Do not allow nibbling between meals.
4. Do not tempt the child with the sight of rich and indigestible food.
5. Do not force the child to eat against its will, but examining the mouth, which may be sore from erupting teeth; and examine the food, which may not be properly cooked or flavored. If good food is refused from peevishness merely remove it, and do not offer it again before next meal time.
6. In acute illness reduce and dilute the food at once.
7. In very hot weather give about one-fourth or one-third less food and offer more water. The young infant depends wholly on animal food and derives the necessary carbon largely from the sugar of milk. The older child lives on animal food in part only, and begins to derive additional carbon from bread and other cereal foods.—*Pediatrics.*

Spastic Constipation.—Until quite recently the fact that constipation in hysteric or neurasthenic patients is often of spastic origin was not understood. Westphalen and other German, as well as French, physicians have lately written interesting papers on this form of constipation. A peculiarity of the latter is that active purgatives frequently fail to open the bowels, or only succeed after causing an undue amount of irritation; while antispasmodics, such as belladonna, the bromides or even opium, often readily produced copious evacuations. Another way in which belladonna may aid in overcoming constipation is by restraining the excessive secretion of HCl in the stomach (hyperchlorhydria), a condition which interferes with defecation (1) by causing spasm of the pylorus with retention of the gastric contents; (2) by inhibiting or impairing intestinal digestion, and (3) by a direct or reflex irritation of the peristaltic apparatus in the bowels, thus proving in all probability a prominent factor in producing the irregular or spasmodic intestinal contractions which are so often apparently the immediate determining cause of the obstruction. Indiscriminate administration of belladonna in constipation for long periods, in the absence of any exact knowledge as to the secretory function of the stomach, by depressing the glands which secrete HCl, does harm, besides gradually lowering the motor power of the stomach. Hence the harmfulness of allowing patients to take

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indefinitely laxative remedies containing belladonna, such as the familiar aloin, strychnin and belladonna pills.—Boardman Reed, M. D., in *American Medicine.*

The Treatment of Summer Diarrhea.—Kerley, (*Archives of Pediatrics*, January, 1902,) in all cases empties the bowel of its contents, by the use of castor oil or calomel, and stops the ingestion of milk, for the reason that it supplies a most favorable putrefactive medium for the growth of pathogenic bacteria to which the illness is due. As a substitute barley, flour-water or rice-water is of value. Albumen water is no longer considered a good substitute. The only drug of value is bismuth subnitrate, which in large doses, gives good results. Opium must be used with care, and given only when the stools exceed eight in number in the twenty-four hours; three or four stools a day are necessary for drainage and a checking of this causes high temperature and other untoward symptoms. If a heart stimulant is needed strychnine and strophanthus are used. Irrigation of the colon in cases having frequent stools only adds to the child's discomfort. In appropriate cases two daily irrigations of the bowel with a normal salt solution do good. In cases with a high temperature, a salt solution at 70° F. will act as an antipyretic; in algid cases, (subnormal temperature) a solution at 110° F. will act as a powerful stimulant. The absorption of some of this solution by the intestine supplies fluid which many of these cases need badly.

Solanum Carolinense in Epilepsy.—Dr. M. Clayton Thrush, of Philadelphia, has been conducting an investigation of solanum carolinense with reference to its special value in the treatment of epilepsy. The drug was tried on about 25 cases of the disease in its various forms in four Philadelphia hospitals. The results were very satisfactory. Dr. Thrush has published the following conclusions in the *Philadelphia Medical Journal* (May 3, 1902): 1. It is of greatest value (probably better than any known remedy) in grand mal of idiopathic type without hereditary type and where the disease has begun beyond the age of childhood. 2. It is perhaps next of greatest value in hystero-epilepsy with marked convulsive seizures. In cases of petit mal the drug does not seem to do the great good that we have noted in the major type of the disease. 3. In cases of well-advanced epilepsy of any type in which there is degeneration of the cerebral neuron, the drug will act specifically for a time even better than the bromides, but it will finally be determined that the bromide salts will ultimately control the attacks better in these cases. 4. The foregoing clinical study has brought out sufficient clinical evidence to warrant the statement that the inherent advantage of vegetable depressor-motors is great as compared with any mineral salt given with the same intent on account of the destruction of the blood

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corpuscles by the latter. 5. A cure can alone be hoped for in proportion as solanum is pushed to the fullest physiological dosage and maintained through periods of months. 6. The freshly made fluid extract given in ascending doses commencing with one fluiddrachm is the ideal method of administration. 7. It is to be decidedly preferred to the bromides in those cases in which it can be used advantageously, because no toxic symptoms follow its free administration and the mental faculties are not impaired by its use. As far as we know there has been no proving made of this variety of solanum; some of the other varieties have shown convulsive features in provings and poisoning cases.—*N. A. Journal of Homeopathy.*

Note on the Administration of Water in Disease.—G. Frank Lydston, M. D., writes: Since the advent of the various theories of uric acid pathology, and the recognition of the value of ingestion of large quantities of water in the treatment of the various conditions in which the poisonous products of tissue metabolism are supposed to be the *fons et origo mali*, this simple method of treatment has often been carried to extremes.

1. While the ingestion of large quantities of water in various affections is often of great value, the treatment is sometimes extremely detrimental.

2. The nutritive value of the blood is often impaired by the relative hydremia produced by the ingestion of large quantities of water.

3. Disturbances of the circulatory and nervous systems are frequently produced by it. So-called weak heart, palpitation, nervous irritability, lassitude and exhaustion on slight exertion are among the phenomena that may result.

4. Serious digestive disturbance, involving impairment of the secretion and composition of the gastrointestinal juices, and gastromotor insufficiency may be produced by the ingestion of water in large quantities.

5. Edema and anasarca, while often relieved by the free ingestion of water under favorable circumstances, are not infrequently enhanced by it.

6. Renal water habit may develop, by virtue of which the kidney becomes permanently sluggish unless it receives its wonted stimulus of large quantities of water.

7. Acute and chronic inflammatory affections of the kidney are sometimes aggravated by giving water in excess simply by overworking the renal organs.

8. Inflammatory affections of the lower portions of the genito urinary tract are often deleteriously affected by excessive water-drinking through mechanical disturbance necessitated by the resultant frequent and copious micturition.—*Medical News*, Aug. 9, 1902.

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Malaria.—*Malaria* is a disease caused by specific micro-organisms, which are capable of producing a distinct group of febrile affections; the specific organism is similar to the amoeba, and habitates in the blood of the individual. There is no doubt that two distinct varieties can be diagnosticated by the appearance of the plasmodium in the blood, and that these two forms can be separated clinically. Dr. Koplik of New York has done more original work on the blood of malaria in early life than any other investigator.

Diagnosis of Malaria in young children is most difficult. It simulates almost every other disease that we are called upon to treat. The only safe and rational way of determining that we are dealing with a malaria case is in the examination of the blood, which will at once settle the question if the plasmodium be discovered.

Symptoms are often very uncertain and misleading. In young children there is a condition of quietude with fever, accompanied with fever; coldness of extremities, etc., often replaces the chill that is so common a symptom in the adult. Before the symptoms of this order are fairly established, we are liable to meet with the symptoms of some other disease as a complication, such as bronchitis, and many other affections. At this stage of the disease we are apt to be puzzled as to our diagnosis, and an examination of the blood is made and the true condition determined.

If the disease has come on insidiously we will have anemia, impaired appetite, and frontal headache. The spleen is enlarged in most cases, but this symptom is very hard to find in young children. In infants, diarrhea is a prominent symptom.

In young patients who exhibit any symptom that leads you to think of malaria, have an examination of the blood made at once.

Prognosis is favorable under appropriate homeopathic medication. The child should be removed from the malarial district. Recurrent attacks are apt to occur many times.

Treatment. Very little can be done for the little patient during a proxysm toward making him comfortable, but fortunately the duration of this period is short and is not attendant with any special harm. Between the attacks treatment to ward off the disease can be instituted.

Cinchona is our main-stay in this affection, prescribed for its well-known specific action against the malarial parasite.

Other remedies that might be indicated are: Eupatorium, Natrum Mur., Baptisia, Chininum Ars., Lachesis and Carbo Veg.—*The Homeopathic Journal of Pediatrics.*

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THE MEDICAL VISITOR

WILSON A. SMITH, M. D., EDITOR.
GEORGE R. HENNIG, BUSINESS MANAGER.

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Editorial.

THE GROWTH OF THE MEDICAL PROFESSION.

The overcrowding of the medical profession has been a fruitful theme for many economical writers in our medical journals but a study of the census of the United States rather upsets the claims of those pessimists who are always looking for the dark side.

The census shows the Indian Territory has a larger number of physicians to population than any other political division, there being one physician in that section of our country to every 375 persons, while North Carolina shows but one doctor to every one thousand two hundred seventeen.

Of the Northern states Ohio has the greater number of physicians to the population, there being found one doctor for every four hundred ninety-three in the state owned jointly by Mark Hanna and Tom Johnson.

California leads all the states for the number of doctors, one being found for every three hundred eighty-three inhabitants. This state is more severely taxed for the support of physicians than any other, yet, if the transient are computed it likely would show the proportion as favorable as in other states.

Of the Western states, North Dakota and Idaho offers the best field for the ambitious young doctor, there being found in these two respectively, one doctor to 1,085 in North Dakota, and one doctor to every 758 people in Idaho.

In some of the states the proportion of physicians to population show an actual decrease as compared to the census of 1890. Illinois is one of them, Michigan, Massachusetts, Minnesota and Vermont. In the latter

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state the census showed one physician to every five hundred and nineteen in 1890, while in 1900 the population had increased to such proportion as to possess 1,147 people to every doctor.

When one takes into consideration the vast increase in the population by immigration every year, there must be added to the list of active physicians six thousand every year to keep up the average ratio. This is not taking into account either the number of those who are called by the hand of death, nor the quite large number who, after a few years, find themselves unfitted for the practice of medicine, either by natural ability or congeniality.

The number of students in 1900 attending medical colleges was 25,652, while the whole number in 1890 amounted to 22,350. The total increase of attendance would give one physician for every five hundred of a population of 1,500,000. The influx of foreigners, alone for ten years, would amount to a greater number of people than the latter figure given, and it is evident from this that our schools are not educating medical practitioners rapidly enough to supply the legitimate demands upon them for help.

Twenty-five years ago the editor of this journal was quietly informed by a neighbor physician that the medical profession "is terribly overcrowded," but the census indicates that the growth of the medical profession is barely keeping up with the rapid increase in population.

The opportunities for young men in the medical world were never greater than they are at the present time and will be for many years to come. The growth of our membership will be less than formerly, comparatively speaking, by reason of the demand for a better preliminary education—a demand which ought to be heartily supported by everyone. A clientele numbering five hundred is ample for the support of any physician, and if he collects all his fees from them, will be able to lay up a dollar for the "rainy day."

It is interesting to note the change in the school population. Prior to 1890 New York had the largest enrollment, but in that year the medical students were numerically greater in Chicago than any other city in the United States, Philadelphia being second and New York the third. This is due to the fact that the clinical advantages in this city are equal to those of any other city and also by the nearness of these Chicago schools to the new places which are being opened in the Northwest.

That the cities are overcrowded there is no doubt, for the number of physicians to population will average more than one to four hundred. Then if one takes into consideration the Free Dispensaries which abound on every hand, and bear in mind that many of those able to pay a fair fee patronize these free dispensaries to "beat the doctors," the

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proportion of those who pay is still less. The free dispensaries are run not by the young doctor, but by specialists who often rakes in a fat fee and prevents the younger man from gaining the experience these are supposed to offer. These dispensaries, necessary evils in a college city, abstract just so much from the general practitioner, and hence adds to the overcrowding, indirectly.

But the information which this glance at the census reveals, is that there is still plenty of room for educated physicians everywhere; that the mediocre class is full to overflowing and these are dropping out of the ranks and taking up other lines; that you should send at least one student to college and you will then be doing your duty to your profession.

THE PHYSICIAN'S OPPORTUNITY.

Doctors, as a rule, realize but little what a great opportunity of doing good is theirs. Whether the doctor wishes it or not he is in most communities a prominent personage and is looked upon, next to a minister, as if he were a part and parcel of the personal belongings of each and every one of his patrons. They refer to him as "my doctor," and in season and out of season are sounding his praises. It behooves the doctor, then, to be such a man as would be worthy of the trust that is laid at his door.

Financially, there is not "much in it." True, a mediocre man may make a better living than he can in other walks of life, but so far as laying up enough for the proverbial rainy day is concerned, very few physicians succeed in doing that. When the summons come to him, whether early or late in life, it generally finds the doctor with a lot of worthless accounts on his ledger, but an exceedingly small amount of cash in the bank — if indeed there is any. He has worked hard during this time, has answered calls in all sorts of weather, has gone without sleep, when loss of sleep meant the cutting off of life and has done for the suffering what no other person would do, only to die at the close of a busy life with the consciousness that his family are at the mercy of the world. True, there are a few exceptions, but these exceptions are like the visits of angels, few and far between.

If it was solely dollars and cents with the average doctor there would be fewer doctors than at the present time, but most of the practitioners follow the vocation because of a love they have for their fellow man. But after all his opportunities are great for good. How often in one's professional life has it happened that a straying husband has been brought to a better life by the good advice given him by the Christian

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physician. One who is pure and can look the world in the eye and say I am free from the common vices of humanity. Many a time there is buried with the doctor the story of a misstep in the life of some young girl, who under the stress of great mental excitement, has yielded her body to the embraces of a libertine, or a young wife has been brought to a realizing sense of her duty because her physician has been—what all men should be the noblest work of God.

A good Christian man is loved by the little folks. We recall an instance of an old physician, where the mother of a family where we had the pleasure of being the family physician showed us the picture of one of the old masters in the practice of medicine, and with pride in her voice remarked that is the picture of "our old family physician." The emphasis was always on the personal pronoun "our," and indicated the feeling of ownership which that woman felt in the doctor who had brought her to womanhood. Had he been a man unworthy of the affection of a pure woman, or the honor of a noble man, the picture would have been thrown away and the family would not have held him in such sweet remembrance.

Doctors make or unmake themselves as much by the society they keep as by their success in practice. People do not like to possess as a family doctor a man they care not to have come into their homes for a social hour. They wish a man whom they can trust in every way. They desire a strong, faithful, honest, pure and capable man and such an one need have no fear as to his own welfare in this world let him locate where he will.

His opportunities always lie before him; he recognizes them and utilizes them. He says an encouraging word to the boy, he lives a life the young man can safely follow, and acts as a father to the girl. He does by his families as he would have other physicians to do by his, and when the last reveille is sounded he wraps his funeral robes around him and "lies down to pleasant dreams."

A LOVING-CUP.

On the evening of September seventeenth, the physicians of St. Louis entered the home of Dr. T. Griswold Comstock, No. 3401 Washington Ave., St. Louis, without previous notice and presented the good doctor with a loving-cup as a token of their esteem. Dr. James A. Campbell presented the cup, and Dr. David M. Gibson read a poem expressive of the affection in which this Nestor of Homeopathy is held by his confreres.

It is certainly a pleasure for us to learn of this mark of esteem being shown to our old instructor for it brings back to memory not only the

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recollection of hard benches at the southeast corner of Tenth and Carr streets, but also the interesting and instructive lectures of dear old Professor Comstock and his kindly benevolent face, and his dignified, courteous and learned discourses upon obstetrics.

Dr. Comstock has been in the profession for forty-nine years, and during all of that time has been a student as well as an instructor. He has left an impress of his work upon the west, and particularly in and around St. Louis, that will live long after he has passed into rest. Probably, of the nearly fifty physicians present at the presentation, all but four or five have listened to Dr. Comstock in the past.

Dr. Comstock's key to his life-work was neatly given in his remarks accepting the cup, when he said, "Qui non proficit deficit," which means "who does not progress goes backward." This has been his motto through a long and busy life, and he has presented an example worthy of emulation by every young physician who would have the shadows lengthen upon a busy and a useful life.

That Father Time may still deal kindly and gently with Dr. Comstock and grant him many more years, is the wish of the editor of this journal, as it is no doubt the hope of hundreds of others.

Dr. Clarence Bartlett's work on Diagnosis which has been running through the press of Boericke & Tafel will be ready for delivery soon. Replying to the question of student the past week as to what would be the best book on Diagnosis for his especial work we advised him to wait until he had seen a copy of Bartlett's. We know the author of the work, are acquainted with his thoroughness, and understand the scientific mind which lies behind its production, and we feel sure that members of our school can do no better than recommend it for the use of students. This is going a good ways to recommend a book before it is published, but we feel the confidence will prove to be well placed. We understand the work will be ready in this month. Send your orders to your pharmacist and be ready to answer difficult questions in diagnosis.

In a recent journal Dr. C. E. Fisher has an article on Homeopathy in Surgery, which we wish to commend. It certainly has the right ring to it, and if the suggestions are carried out will add laurels to the surgeon who follows them. The tendency of surgery is to draw a physician away from therapeutics, and after one has been a surgeon a few years he is unfitted because of his environments to prescribe. Every leading surgeon should have as an associate a man who is capable of

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prescribing and the results secured would seem marvelous. Surgery, good surgery, has its place, but it is only a handmaid to internal medicine. Dr. Fisher makes it clear that upon the constitutional dyscrasia many surgical diseases arise and it is to correct these that the proper remedy is needed. It is a noble plea for a just cause.

The aim of the creators of Boards of Health has been primarily the creation of a body that would have charge of the sanitary affairs of a a commonwealth or a municipality. That aim has been stretched until it seems now that the whole idea permeating the minds of the Boards of Health of the different states is to regulate the medical profession, letting the people take care of their own sanitary conditions. These boards have thrown around the study of medicine so much of what may be gathered in any ordinary college that it requires a student to attend four years or more before he is fit to take up the practice of medicine, and yet when he goes out from the medical college he has had no more instruction in the practical part of medicine than under the old regime of twenty years ago. He then had two years of practical study and was granted a diploma if he was able to pass the examination, and now he has but two years of practical instruction, the rest of the time being spent in the scientific branches. We believe that it would be better to demand of every applicant for admission into a medical school a diploma from a high school and from higher schools, and then compel an attendance of three years, these three being practical years, more attention being given to the practical side of medicine.

Sometime since the *Philadelphia Medical Journal* stated that its advertising columns were open only to ethical advertisements but a glance at its pages shows a page devoted to exploiting the value of "Fig Syrup," which, says the advertisement, has gained its great reputation with the physician by reason of skill and care exercised by the company, etc., *ad nauseam.* If ever a farce upon the medical profession was ever enacted it is in those cases where an advertisement of such a character is permitted to appear. Several years ago THE MEDICAL VISITOR refused such an advertisement, because of the belief that they do not rightfully belong in a medical journal. If a doctor does not know how to prescribe senna, as well as the proprietary medicine manufacturer, we pity the doctor, or rather, his patients.

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News Items and Personals.

Dr. Leila G. Bedell, Chicago, has gone to California for the winter.

Dr. Albert P. Hedges announces the removal of his office and residence to 395 Evanston Ave., Chicago.

Dr. J. C. LaDow, of Mechanicsville, N. Y., died Aug. 7. He was 46 years of age and had been in poor health for several years.

Dr. P. S. Replogle has taken the office at 100 State street, Chicago, that was occupied for so mnny years by the late Dr. T. C. Duncan.

Dr. John Byrne, a prominent gynecologist of New York, died in Switzerland, Oct. 1st, at the age of 77.

Dr. V. H. Hallman has removed to rooms 205-206-207 Arkansas Nat'l Bank Building, Hot Springs, Ark.

Dr. J. S. Maxom, coroner of McHenry county, and the leading physician of Howard, Ill., was a visitor in this city a short time ago.

Dr. William M. Thompson announces the opening of a downtown office, 100 State Street, Chicago, with Gynecology as a specialty.

Dr. G. W. Lawrence, Colorado Springs, is dead. He was a graduate of the New York Homeopathic Medical class of 1873, and a member of the State Board of Medical Examiners of Colorado.

Dr. Charles Deady of New York announces his removal, October 1st, to 151 West 73d street, special attention only to Eye, Ear, and Naso-Pharynx.

Mr. Cornelius Zabriskie, a Jersey City banker, has offered $150,000 for the erection of a Jersey City hospital if the citizens will contribute an equal amount.

A hustling, capable, homeopathic physician is wanted to locate at Clarksburg and Chester, West Virginia. Mr. Frankland, 630 College Ave., East End, Pittsburg, can give information about both places.

Dr. E. C. Williams, an able exponent of "similia" is located at Hot Springs, Va. Physicians sending patients will bear in mind that our school has a representative now at this famous spa.

At the request of the State Board of Charity the medical societies in Massachusetts are giving special attention to the needs of the community for larger facilities to take care of consumptives.

Dr. C. H. Colgrove, of Williamantic, Conn., is the president of the Connecticut State Homeopathic Society, and he praises our accurate account of the recent annual meeting of that flourishing organization.

The Homeopathic Medical Society, of Colorado, held a meeting September 15, 16, 17 at Pueblo. Nearly one hundred guests were in

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attendance. The officers of the society are: President, J. Wylie Anderson, Denver; First Vice-President, C. W. Judkins, Glenwood Springs; Second Vice-President, David A. Stickler, Denver; treasurer, F. A. Faust, Colorado Springs: Secretary, Edwin J. Clark, Denver.

Mrs. D. H. Arthur died suddenly on Sept. 2, 1902. She was the wife of Dr. D. H. Arthur, superintendent of the Gowanda State Asylum (New York), and was a most estimable woman, whose loss will be irreparable.

Our good friend, Dr. C. Bruce Wells, Chicago, has been promising a paper for our readers, but his time is taken up walking the floor with a handsome girl baby the stork left at his house last August. Best wishes.

Dr. William O. Forbes, Chicago, has opened an office in Hot Springs, Ark., for the treatment of patients, but will retain his Chicago office at 3901 Cottage Grove avenue. His address in Hot Springs is 242 Center street.

Dr. B. J. Mulligan of New York City recently made a new world's record for the ten standing broad jumps. He cleared the distance of 116 feet 3½ inches. The former record of 113 feet 5½ inches was held by the late Malcolm W. Ford.

Prof. J. J. Thompson has been promoted to a full professorship in his alma mater, the Chicago Homeopathic Medical College. We are glad to note the advancement of our friend who has been one "without variableness or shadow of turning."

Under the notice of societies will be found the program of the Central Illinois Homeapathic Medical Association which will be held this month. This vigorous society presents a program worth listening to, and its discussions repay the visitor many times over.

Mr. A. Edgar Frankland, Eastern representative of Halsey Bros. Co., and the Chicago Pharmacal Co., has located his permanent headquarters at 630 College Ave., East End, Pittsburg, Pa. He spent the summer with his family at Atlantic City, New Jersey.

The Pittsburg and Allegheny doctors have all returned from their vacations. Drs. J. H. McClelland, Pittsburg, and L. H. Willard, Allegheny, spent the summer in Europe visiting places of interest and both have returned feeling much better from the outing.

Mr. A. Edgar Frankland writes: "Here is an especially good prescription for cystitis: Specific tinct. Triticum repens, five-drop doses, four times a day. Try it, Doctor. No bouquets." The couch grass is one of our best remedies and if you have never used it you will often be pleased with its action.

Louisville, Ky., Oct. 21, 22 and 23, is the place and dates for the Southern Homeopathic Medical Association meeting. A splendid scientific program and a social time worth

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going a long ways to enjoy is being arranged for by a committee of which Dr. A. Leight Monroe is chairman. Enough said.

The Christian Scientists of an eastern city, were refused a charter for their church in the Common Pleas Court, on the ground that the charter was sought for a double purpose—a church and a business, the business being the sale of their book. They have decided to carry the matter to the Supreme Court.

The thirty-sixth semi-annual meeting of the New York State Homeopathic Medical Society was held Sept. 16 and 17 in the auditorium of the New Century Club in Utica. The meeting was largely attended, and was followed by a banquet in the commodious banquet hall of the Masonic Temple.

A prominent doctor in Binghamton, N. Y., favors the enactment of a law making it a misdemeanor to annoy physicians through the mails by sending them circulars, pamphlets, etc., begging them to buy oil stocks, mining shares, interests in watered-stock pharmacies and many other get-rich-quick schemes.

Gov. Stone, of Pennsylvania, gives as his reason, so our correspondent states, that he did not reappoint the homeopathic member of the board because of the opposition to the latter by members of his own school. The young men who desired to go into the homeopathic pharmacy business in that state felt they had been mistreated and used their influence to prevent the appointment which seemed powerful enough to obtain their wishes.

The medical profession of Philadelphia proposes to establish numerous clinics throughout the city for the purpose of treating the consumptive poor who are unable to give the time necessary to effect a permanent cure at the Free Hospital for consumptives. The result of this crusade will be noted with interest by the medical world at large.

We learn from the *Medical Century* that Dr. D. D. Loomis, one of Michigan's pioneer homeopaths died at his home in Bay City, Mich., in September. He was one of the old guard in that state and did much hard work in placing the college of Homeopathic Medicine on the campus of the State University of Michigan. He graduated from Cleveland in 1856.

Dr. J. H. Benson, of Cortland, N. Y., has completed the erection and moved into his handsome new residence in that city. Another doctor in the same city has a mansion in the course of erection. Cortland has become celebrated for its Physicians' Protective League, and the benefits of that organization are pleasing and profitable to its members, as demonstrated by their prosperity.

Dr. E. C. Freyermuth, lately a professor in the Denver Homeopathic Medical College, owing to the continued ill health of his wife in that altitude, has been compelled to

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change his location and has become a citizen of South Bend, Ind. The medical profession of that city will find Dr. Freyermuth a valuable addition to their number and THE MEDICAL VISITOR hopes to chronicle the great success of Dr. Freyermuth of which he is worthy.

The Clinique says a mighty mean thing about our friend Dr. G. M. Cushing when it states that while in Minnesota he "had several narrow escapes from coyotes and prairie chickens." While the coyote part of the statement may be true, we'll put up our last cent that Cushing never winced on the chicken. He might have been overcome because of lack of capacity but that is all. By the way he looks as brown as a berry since his trip and is already hard at work in his down-town office.

Dr. William B. Swan, one of the leading physicians of Kansas, a graduate of the Chicago Homeopathic Medical College was drowned at Ludington, Mich. on September 1st. The Topeka (Kan.) Homeopathic Club attended his funeral as did the State Board of Health of which he was a member. Dr. Swan's death is a distinct loss to the whole profession and THE MEDICAL VISITOR mourns with those who weep.

Doctors who placed Mercer Bechert in the pest house at Passaic, N. J., say that he showed rare heroism in walking thirteen miles across the Hackensack Meadows from Jersey City in order not to spread the smallpox. Bechert believed he would have better treatment in Passaic than if he remained at home. On reaching Passaic he sent word to the health authorities. He remained in the woods during the remainder of the night waiting for the authorities to act.

Dr. DeForest Hunt, of Grand Rapids, Mich., owing to continued ill health, is obliged to retire from active practice. He is succeeded by Dr. Frank Dexter Harter. Dr. Harter is a graduate of the Chicago Homeopathic Medical College and is one of the brightest men ever leaving the portals of that excellent institution. THE MEDICAL VISITOR will be much pleased to hear of the complete return of health to Dr. Hunt, for he, also, is one of the best men in our school.

A mysterious philanthropist has given to the poor of the New York East Side money enough to purchase a site and erect the buildings for a maternity hospital besides making an endowment sufficient to maintain it independently. Who the donor is could not be learned. The institution is to be called the Manhattan Maternity Hospital and Dispensary. The buildings will occupy an entire block and will include, besides a hospital, a dispensary and training school for nurses.

Last year the City Council of Boston authorized a loan of $150,000 for the establishment of a consumptives' hospital, but no agreement

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was reached as to how that money should be expended or how the hospital should be managed, so that the whole matter was allowed to drop. The money is still available, but so far as known nothing is being done to apply it. At the next meeting of the Massachusetts Homeopathic Society a member will present a motion to have a committee appointed to try to wake up the city officials having charge of the fund.

Dr. Wallace B. House, son of Dr. Robert B. House, of Springfield, O., is one of the shining lights in the talented Ohio colony in New York City. He occupies a handsome suite of offices at No. 203 West One Hundred and Thirteenth street, where he was recently visited by our traveling correspondent, Mr. Robert S. Oliver, who was given a cordial reception by the doctor. Mr. Oliver also has the honor of being a native of the Buckeye State, which has supplied New York City with a large number of members of the medical and journalistic professions.

Dr. A. A. Webber, of Brooklyn, has received the Dewar trophy, emblematic of the interstate amateur championship at live bird shooting. On account of the scarcity of pigeons, it is said that the doctor's great record was made in a contest in which sparrows were used as targets. The doctor is an expert marksman and has no difficulty in shooting a bird of any size at any reasonable distance. It is said he never aims at parrots or ducks, as he wishes to avoid injuring any osteopaths who might be roaming in the vicinity of the other end of the big bridge.

The new officers of the Oregon State Medical Society elected September 11th, 1902, are as follows: President, Dr. Henry Waldo Coe, Portland; first vice-president, Dr. F. W. Van Dyke, Grant's Pass; second vice-president, Dr. J. A. Geisendorfer, The Dalles; third vice-president, Dr. J. P. Tamiesio, Hillsboro; secretary, Dr. A. D. Mackenzie, Portland; treasurer, Dr. Mae Cardwell, Portland. Councilors: Dr. W. J. May, Baker City; Dr. J. Fulton, Astoria; Dr. William Amos, Portland; Dr. G. F. Wilson, Portland; Dr. G. S. White, Corvalis; Dr. S. T. Linklater, Hillsboro; Dr. W. T. Williamson, Salem; Dr. Wm. House, Pendleton; Dr. Ellis, Portland; Dr. R. C. Coffey, Portland.

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Societies.

The Homeopathic Medical Society of Chicago.

The first regular meeting of the Homeopathic Medical Society of Chicago was held in the club-room of the Great Northern Hotel on Sept. 18th, with the President Dr. Mary Elizabeth Hanks in the chair. Dr. Hanks expressed her thanks for the honor conferred upon her, and after passing the reading of the minutes, asked for the presentation of names for membership.

The following names were presented: Drs. Cushing, Cameron, Hazeltine, Lawson and Van Dollen. On motion of Dr. Weirick, Dr. Henry C. Aldrich was elected an honorary member, a credit to the society, and an honor to Minneapolis, Dr. Aldrich's home.

President Hanks said that the method of conducting the program this year would vary from what had been the custom in former years, with the hope that it would add to the general interest in the society. The meetings would be in charge of a chairman, and upon this chairman's shoulders would rest the responsibility of a good meeting. At the opening of each meeting time would be given for the discussion of interesting cases. This idea resulted from an experience she had last year when treating a desperate case, and for which she felt anxious. She thought she would have been pleased to present the case to the society, and have asked some questions of older members regarding its treatment, but the opportunity never came. Had there been time for that she felt sure she could have gone away from that meeting with something worth while, but her disappointment was so great that it seemed as if the evening was lost. Such an opportunity will be given at the meetings this year and she trusted that every one would feel free to ask questions. The meetings might take on the nature of a love feast in the Methodist church.

"The evening program is in charge of Dr. Blackwood to whom I am happy to resign the chair."

Dr. A. L. Blackwood: Owing to the prevalence of typhoid fever in the city at this time it occurred to me as advisable to take up the subject and devote our attention to it. I have no doubt but that there are points in every paper with which we are all familiar, yet I feel certain the essayists will bring out some points worth knowing with which we are not so familiar. Dr. Wood will present a paper on the "Etiology and Pathology of Typhoid Fever."

Dr. F. W. Wood said in presenting a paper on this subject one is handicapped because of the lack of literature in our school. It is really unfortunate that some of our young men do not interest themselves in

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these special lines for there are opportunities, if they would only take up some special line, to make a name for themselves.

The introduction of the microscope has probably done more to revolutionize our ideas in reference to the cause of disease than any other single thing, invention or discovery of modern times. Our knowledge of clinical condition, as well as the pathology of certain affections are now studied along definite lines. The experiments made with this instrument led to the discovery of the bacillus of typhoid fever which was announced by Eberth in 1880. At the present time this bacillus is definitely recognized as the cause of typhoid fever. There are, however, other questions to be settled. After the establishment of the cause and its study by cultivation the question as to mode of dissemination, in endemic or epidemic conditions still remain to be accurately answered. The habits of the people, their resentment to proper supervision during an attack interpose great difficulty in carrying out this study. It is a fact that its spread is due largely to a careless disposal of the discharges from the patient, and it might be possible to prevent the spread of a disease if the discharges from a patient could be taken care of in a sanitary manner.

Expired air cannot be said to be free from the contagion, and it very probably acts as a carrier of contagion as well as the urine, though the fact remains that the bowel excretions are the most important source of conveyance, although the sweat is considered infectious from the second to the fourth week.

Numerous investigations by competent observers has established the fact that discharges from patients suffering from typhoid fever may remain infectious years after being eliminated from the system. The germs may retain their vitality, and they have been known to infect other patients six months after they have passed from the sick one.

The intestinal tract is the location for the development of the germs. Fruit plays an important part in acting as a predisposing cause of this disease and as a carrier of the infection. It is a fact that typhoid fever is a water-borne disease and in every epidemic it has been possible to demonstrate the presence of the bacillus in wells or stream, whichever have been the water supply of the victims of the infection. The individual physical condition of the patient should be taken into consideration. The season of the year does not cut much figure, nor age nor sex, except that it is a disease more common to the years between 18 and 45. The distribution of the germs by flies has been mentioned in some of the journals.

Dr. A. L. Blackwood (Chairman): — Dr. Cobb was to have opened the discussion upon this paper, but he is absent. Dr. Gatchell is here, and I will ask him to open the discussion.

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Dr. Charles Gatchell:—It must have impressed you, as it has impressed me, after listening to Dr. Wood's excellent paper how much simpler etiology is at the present time than before the days of bacteriology. It was said some years ago that the greatest field of medicine was etiology, but with the advent of our later knowledge concerning the bacteria that field has become very much simplified. As an illustration of this, read the article on *malaria* in Allbrett's System of Medicine. This book came out shortly before Ross' discovery of the part taken by the mosquito in the etiology of diseases of this class. It is interesting to note that in describing the conditions under which infection occurs, reference is made to stagnant waters, poor drainage, wet seasons, low and swampy regions. In describing conditions under which there is a freedom from the disease, it is noted that it is at sea, in high and dry regions, and places protected by barriers of trees. But the mosquito is never mentioned. And yet, in the light of Ross' discovery, how clear it all becomes! Prior to the year 1880, and the discovery of the bacillus typhosus of Eberth, how dark was the field of etiology with regard to this disease! And yet, considering this as its specific course, how much simplified is the field of preventive medicine!

The reader of the paper has discussed the causes and methods of conveyance of the germ, by air, water and food. Among foods there is one he did not mention, to which I wish to call attention, and that is the oyster. The well marked instance of the Cambridge students, a number of whom were victims of typhoid fever, is an excellent illustration. In searching for the source of infection it was found that these students had eaten of a supply of oysters that had been brought from the deep water, but had been planted at the mouth of a stream for the purpose of fattening. There was a case of typhoid fever where the discharges from the patient were emptied into this stream, and the contagion of typhoid thus reached the oyster bed. It is a remarkable fact that in every case the infection can be traced in almost a direct line from patient to cause as it happened in the cases of these students.

The essayist mentioned air as a medium of conveyance, which reminds us of the suggestion that sewer-gas has been declared a cause of typhoid fever. Whether sewerage or sewer-gas does or does not convey the infection we may not be able to definitely settle either one way or the other, but the practice of living in an atmosphere which is contaminated by it may so reduce the system as to render it highly susceptible to the effect of the bacillus of Eberth. The fly is looked upon, also, as a medium of conveying the germs.

In the pathology of the disease, the thought occurred to me—the Essayist touched upon it—the

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glandular organs are the ones especially involved in the pathology of typhoid and particularly in the lymphatic glands. The spleen is another gland which is always infected during an attack of typhoid, and particularly do we find serous membranes attacked and these are but a part of the lymphatic system. A very instructive case of this character I read of lately in a report of the John Hopkins Hospital. A case of pericarditis was under treatment in that hospital. The pathologist in search of the cause of the attack of pericarditis in that particular case found nothing but the bacillus of Eberth. This goes to show that this particular bacillus can create a local inflammation distinct from intestinal inflammation.

My remarks are but suggestions, and they add but little to what has already been said by the essayist.

Dr. Bruce.—I just came in, Mr. Chairman, and did not hear the paper. (Dr. Bruce spoke so low it was impossible to get him. Reporter.) He referred to seeing reports of cases where there was the typhoid temperature and tenderness in the ileo-cecal region, where the bacillus of Eberth was not found it was decided the cases were not typhoid. He felt somewhat like accepting the position taken by Dr. Fordyce Barker in a medical lecture some years ago, when he stated that real typhoid fever was a rare disease and there were hardly enough cases to go around. He felt like endorsing that position heartily, and in a real case of typhoid fever he was perfectly willing to permit the other fellow to do the doctoring. He felt doubtful as to the bacillus of Eberth being the real cause and sole cause of typhoid fever, but thought some other factors were at work in all cases besides the single bacillus. The men who made these investigations, and did this original work were to be credited. He said that cases of so-called typhoid fever, which recovered in from ten to seventeen days, he doubted very much as belonging to this condition, but was really something else.

Dr. Mary Elizabeth Hanks.—I would like to ask the doctor what he would say to the family when called to see such cases? He has got to call it something. What do you say?

Dr. Bruce.—In self-defense I call it typhoid.

Dr. Wilson A. Smith said he was pleased to hear what Dr. Bruce had said, for he believed that the cause of typhoid fever was more than the bacillus of Eberth. He felt that there must be some condition of the system which predisposed it to the deleterious effects of the specific germ and that this condition was the primary cause of typhoid fever. While he believed that it was a water-borne disease, yet some instances had been reported where this theory was placed in a doubtful state. An army surgeon in the French army reported an epidemic

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of typhoid in one regiment in the northern part of France, while another regiment, situated in barracks close to the regiment that had typhoid fever, and both regiments used the water from the same source, yet the second regiment did not have a single case of the infection. If it was solely a water-borne disease the exception of the second regiment from an attack of typhoid was pretty difficult of explanation. He thought there must be some other cause for its appearance.

Dr. W. Henry Wilson said that we are getting to be better diagnosticians and that no doubt many of the cases called typhoid fever were not real typhoid cases. In reference to what Dr. Smith had said, he thought there might have been found a reason for the attack in that there might have been cases of typhoid in the barracks previous to the quartering of the regiment which suffered from the epidemic. He believed that there are groups of diseases which resemble typhoid fever very closely.

Dr. F. M. Wood, in closing the discussion, said he had but little more to say. He realized that there were two elements to deal with in the profession, and these were those that had no cases of typhoid fever and those who diagnosed every case of fever as typhoid. He felt this could and should be settled by means of cultivation of the bacilli. He had known cases where one in the family would take down with typhoid, and carelessness in handling or disposing of the discharges from the sick would result in inoculating others in the family, and they would all take sick with the disease. There are many cases diagnosed as typhoid fever, which are not typhoid but simply gastro-intestinal irritation, accompanied with fever, caused by plants found upon fruit, especially in seasons similar to the one we have just gone through, where there is an excess of moisture. The speaker had noticed that seasons had nothing to do with the contagion of this disease, and it is found at all times of the year. He desired to call attention to the necessity of sanitary disposal of the discharges from the patient, for it had been shown that the germs are active even months after leaving the human system. He agreed with Dr. Gatchell as to its being a glandular affection. He regretted that he had failed to note that his paper was to deal with the pathology of typhoid fever as well as with the etiology, but he had not and hence did not give any points concerning its pathology.

Dr. Blackwood stated in reviewing the Diagnosis that the diagnosis of typhoid fever is not always an easy task and the question of diagnosis may remain in doubt even unto the second week. The first signs of typhoid are found in the intestinal tract. There are cases where the patient is up and around for sometime before being compelled to take to the bed. This is the period of incubation during

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which time the patient complains of langour, sleeplessness and exhaustion. Sometimes the symptoms show an evening aggravation and when this occurs there is a little fever present. Early in the attack there is mental dullness, headache is more pronounced as the case progresses and the typical gradual rise of the temperature is noted. Thus it will rise during the day until towards evening it is about two degrees higher than in the morning but the next morning it will fall one degree lower than the preceding evening and continuing in this gradual ascent until the highest point is reached which is generally along the second week when it will remain at a pretty even grade until convalesence begins to set in. During the fourth week the temperature may remain high during the after part of the day to sink below normal in the morning. The tongue becomes dry, teeth covered with sordes, abdominal tenderness on palpation, bowels are usually constipated. This condition of constipation may continue through the entire course of the disease, though more often diahrrhea sets up. About the end of the first week, or the beginning of the second week there appear on the chest and abdomen rose-colored spots which disappear on pressure. These spots come out in successive crops for several days while in other cases they are absent. Dr. Blackwood called attention to the value of the Widal test as a diagnostic help stating that it gave a positive proof in 95 percent of the cases and that it is noted in patients who have had typhoid fever more than a year previous. He also spoke of the Diazzo test of the urine but did not think this was as positive as the Widal. He also gave directions for making the Diazzo's reaction.

Dr. W. Henry Wilson in discussing Dr. Blackwood's paper, said that Dr. Blackwood had covered about all the points on the diagnosis and he would call the attention of the society to the clinical symptoms of the disease and to the relative frequency of their appearance at the outset of the disease. In a large series of cases it found that headache occurred in 80 per cent. of all the cases; loss of appetite in ⅔ of all cases; diarrhea in ⅜ of the cases; cough in about ¼ of the cases; abdominal pain in about ¼ of the cases; nose-bleed in 1-5 of the cases. The rose-colored spots were present in 80 per cent. of all cases, and the Diazzo reaction was present in 68 per cent. of all cases. No single symptom was present in all these cases. In the laboratory work the examination of the urine often gave the germs, and it had been stated that the bacillus may be found in the rose-colored spots. The urine contains the germs as does the sweat. The objection to many of these methods of examination lies in the fact that by the time you have the germ isolated the patient is dead. The examination of the blood is the most valuable of

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all. In making the blood analysis there are two or three questions to be settled as to malaria or pus, etc., but if you find no leucocytes that shuts out pus or septic infection. Regarding the Diazzo-reaction the method has been modified by a St. Paul physician so that it may be of more benefit than formerly.

Dr. Bruce said that he agreed with Prof. Wilson in what he said in reference to the value of blood analysis, and believed that it was more important than Widal's test. Concerning the Diazzo-reaction Dr. Bruce has left that out of consideration because of its unsatisfactory results and because of it not always being diagnostic of typhoid fever. We need valuable things, and blood analysis is one of the really valuable and I believe of the greatest importance in the diagnosis of typhoid fever. This modification of the Diazzo-reaction mentioned by Dr. Wilson may be will increase the relative value of this step in the diagnosis of this disease.

Dr. Blackwood (Chairman): Dr. Cowperthwaite was to present a paper on the treatment of typhoid fever, but has been prevented from being present this evening. I do not know as I have anything new to present on the treatment of this affection, but as I look around I see enough physicians here to give us ideas which I think we would all enjoy.

Dr. Mary Elizabeth Hanks.—The suggestion is a good one, and I think it would be very nice if Dr. Blackwood would only start out and give us his ideas first.

Dr. Blackwood, in speaking of the treatment, said that he happened to have a few of these cases at the present time, and he believed, taking them all through, considering their symptoms carefully, that gelsemium is the best remedy. In the early stages where you have that dull, stupid condition, I know that remedy runs right down through the various symptoms. Of course, you are likely to have cases where there are malarial complications. Bryonia is another remedy that has come into play quite frequently in these cases, but the percentage is much smaller than has been those in which gelsemium has been used. The headache, the desire to remain quiet are very indicative symptoms. The next remedy I would place in the list is rhus tox., where you have the restlessness, but moving brings but a momentary relief, and again the patient is obliged to move. Among the other remedies mentioned was baptisia, arsenicum kali phos, terebinthina and muriatic acid. Dr. Blackwood condemned the use of carbolic acid as an internal remedy from the standpoint of germicide, the fact being that these germs actually fatten on a mild carbolic acid solution.

Referring to diet, he stated that his preference was for milk, but occasionally one finds a case where the milk will not agree, and then if it is diluted with some nice table water, like apollinaris, he has

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found this to be very agreeable. Other cases required albumen water, and later in the case the patients are often put on mutton broth or beef broth. He insists on his patients having a regular and definite quantity of water even if not called for by the patient. He referred to a patient where the attending physician had no idea when the patient had had a drink. A little water to that patient was better than medicine. The question of stimulation often comes up, and when that does, he gives his patient a definite amount of brandy or whisky, and this possibly acts as an antidote to the germs of typhoid. He believed in bathing his patients but did not take much stock in the cold water baths. He used the water tepid, and this is done—the bathing—when the temperature arose. He recalled a case he had in the hospital where the temperature was high, reaching sometimes 106°, and bathing was the only means that would keep it down. He recommended the use of the normal salt enema during the second and third weeks as a means of cleansing the colon and keeping it free from sepsis as possible. He had failed to see any marked benefit in giving antiseptics, but had received more benefit from the proper internal remedy.

Dr. C. E. Weirick said he had been much interested in the remarks of Dr. Blackwood regarding the treatment of typhoid fever and thought he had covered the ground pretty thoroughly. He thought it was a pretty good plan to thoroughly examine the patient when called to see a case suspected as typhoid, and not only the patient but the surroundings as well. We notice an increase in this class of cases following a season of heavy rains and it would be well to note the condition of the basement of houses and see if there might not be some reason for the attack in the unsanitary condition which might be found. When the basement is flooded as the result of hard rains, have the basement cleansed, for the water as it runs off leaves a slimy deposit which is certainly detrimental to the patient and others who live in the building. He thought there were a great many cases probably produced by that very cause. In reference to the treatment of the patient he thought it quite necessary the patient should be sent to bed early and believed it unwise for the physician to permit the patient to be about and for the first few days attend to his business. Much valuable time is lost by permitting the patient to be around, and believes if this rule is not observed that the cases run much longer. In the beginning of the treatment he believes it necessary to thoroughly clean out the intestinal tract, and that is one of the first things he does—thoroughly evacuate the bowels. If not satisfied with the enema, he gives something in the shape of a cathartic and when this is done these gave him less trouble and generally respond rap-

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idly to treatment. When a student at Hahnemann college, he had been taught to let the bowels alone, but, after losing a case from hemorrhage after using an enema, he had been forcibly converted from that position. So now he attended to the bowels and believed that it was an essential part in the successful treatment of typhoid cases.

In regard to the remedy the homeopathic remedy exercises a very favorable action upon the typhoid condition. I do not believe there are any homeopathic specifics, and I have no faith in any remedies if they are not indicated, and the suggestion of some to use bryonia in certain stages is of no value whatever. When I have a case I look my books over carefully, and select my remedy according to the indications, and when I can do so and feel sure that I have the right remedy I feel satisfied the patient will get along nicely and without any complication. He mentioned a preparation an old school friend of his had given him, and which he had used, with some success.

He had noticed since using this preparation he had not had as many cases of typhoid fever as formerly.

Dr. W. C. Lovejoy spoke of the necessity of putting patients to bed. He had noticed that those who were permitted to be up and around when they did take to their beds they went down quickly. He referred to his experience in the army where men were brought in with typhoid fever, that where they came in the ambulance and had to sit up they invariably made the hardest cases to handle. When he became the officer of the day, he ordered the men brought in on stretchers, and the result was a lower death-rate. He also favored the treatment suggested by Dr. Weirick.

Dr. W. E. Taylor said he did not feel competent to discuss this subject but that he had a warm place in his heart for typhoid fever because of the fact that on seeing a room-mate treated by the old school he first saw the light, took up his course at old Hahnemann twenty-seven years ago before the split in the faculty. He had in his professional life treated a few cases of typhoid fever and his experience led him to agree with Dr. Bruce that there were but few cases of genuine typhoid fever. Dr. Taylor recalled his experience when he was assisting another physician and felt that he had the disease so well mastered that "I could cure every case in the world." But finally had a case, four in one family, and three out of the four died and all the conceit was knocked out of me. Since that time I have had probably five or six cases of genuine typhoid fever. Some years ago there was held in New York a meeting of a Medical Society. This same subject was under discussion when a young physician arose and said he had treated during the past three years 784 cases of typhoid, my treatment has been so and so and I have had 784 recoveries.

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Old Dr. Delamater, the father of our Dr. Delamater, got up and declared "that he had been practicing for sixty years, and during all that time he had treated but three cases of genuine typhoid fever. His treatment had been so and so, and three of his cases died!" After beginning the practice of medicine Dr. Taylor said he moved to Monmouth, a town without sewers, and water supply came from wells easily contaminated with the water from outdoor vaults. The result was that an epidemic of typhoid fever occurred, and all the remedies mentioned here this evening did no good in desperate cases as they almost always terminated fatally. Sewers were constructed, the water taken from deep wells, and the result following that has been the elimination of typhoid fever from that city, a place of 9,000 people. Some years ago he attended a meeting at Washington on Sanitary Science. During the meeting the question of typhoid fever, which was then raging in a small village in Pennsylvania came up, and a committee was appointed to examine these cases and try and discover the cause. The water supply was taken from a stream, and on following it up twenty miles they found a family where a case of typhoid fever had occurred. The privy drained into the stream, this emptied into the larger creek from which came the supply of the village that had suffered from the epidemic, and the committee were able to trace the infection from its very source. He felt sure from his observations that it was nothing more nor less than a water-borne disease, and the main step in preventing typhoid fever is to have pure water to drink. He felt that Doctors should be the guardians of the people's health, should watch over them day and night to prevent, if possible, any infectious disease.

Dr. Taylor referred to the method he had adopted to take care of the sewerage of the Western Insane hospital, of which institution he is superintendent of and stated that he had so completely destroyed the sewerage by means of antiseptic tanks that the water which came through the tanks showed no germs of any pathogenetic character whatever. He does not believe in feeding typhoid fever patients, letting them go for twenty or more days without anything to eat, even keeping from them milk. He gives his patient plenty of water and by plan avoids intestinal hemorrhages of which he had heard one of the disputants speak. At the end of twenty days the fever subsides, and begin to give a few drops of mutton broth. He did not care to boast about his success but since adopting this method he had never lost a case.

The meeting adjourned at 10:45 p. m. all deciding it had been one of the most interesting and instructive gatherings held by the city society for many months.

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The Obstetrical Society of the American Institute of Homeopathy.

You are undoubtedly aware that under the new Constitution and By-Laws of the A. I. H., steps were taken at Cleveland to complete the organizations of the Obstetrical Society of the A. I. H., the preliminary organization of which was formed at Richfield Springs; new officers were elected, but no Constitution or By-Laws has been adopted. In order to have the subject of Obstetrics presented at the next session of the Institute, we must proceed at once to secure material for our meeting. The Association is entirely without funds from which to draw to perfect the organization, prepare programs and to meet other expenses necessarily incurred in getting ready for the meeting at Boston.

We therefore request that each one who has signified his intention of becoming a member of the Obstetrical Society of the A. I. H. send to the secretary and treasurer, Dr. B. H. Ogden, of St. Paul, Minn., $2.00 toward defraying these expenses. It is agreed that this amount is to be applied upon dues and initiation fees for 1902, the amount of which is to be determined when we adopt our constitution and by-laws, and which will certainly be small. A receipt to this effect will be returned to you upon the receipt of the money.

We urge you to be prompt in this matter. The other organizations adjunct to the American Institute have already adopted their constitution and by-laws and fixed their fees and dues, and are in working order, while we, as an organization, are incomplete.

Furthermore, doctor, we very much desire that you send to the secretary and treasurer at once a topic upon which you are willing to prepare a paper for the meeting. If you are not decided as to a topic for a paper, please signify your willingness to write a paper or discussion, that we may estimate how much material we shall be able to get together for the meeting.

We hope that all physicians interested in obstetrical work will lend a helping hand to our society, and make it the success which it so richly deserves.

Yours very truly,

WM. A. HUMPHREY, President.

B. H. OGDEN, Sec. and Treas.

TOLEDO, O., Aug. 21, 1902.

Southern Homeopathic Medical Association.

DEAR DOCTOR:—The Nineteenth Annual Session of the Southern Homeopathic Medical Association will be held at the Galt House, Louisville, Ky., October 21, 22, 23, 1902.

A one-and-one-third fare on all railroads entering Louisville has been granted on the Certificate plan. The old, well-known, and highly desirable Galt House has been

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chosen as headquarters. A rate to members of $1.50 per day, European plan, will be given.

The local committee are very anxious to do everything in their power to make the meeting a success, and hope that every member of the association will be present to lend his aid.

The social features of the meeting will embrace a trolly ride over the city given by the local committee, and on the second evening a reception and musicale given by Dr. and Mrs. Monroe, at their home.

Your executive committee are very anxious that the meeting shall repay every one who attends, and to this end are making great efforts.

This is a special invitation to you, doctor, to be present and bring with you something for our help and instruction.

SUSAN M. HICKS, M. D., President, "The Grand," Atlanta, Ga. GEO. S. COON, M. D., First Vice-President, Louisville, Ky. J. R. WHITMAN, M. D., Second Vice-President, Beaufort, S. C ALFRED M. DUFFIELD, M. D., Treasurer, Huntsville, Ala. LIZZIE GRAY GUTHERZ, M. D., Cor. Sec'y, 3689 Olive St., St. Louis, Mo. J. E. MANN, M. D., Rec. Sec'y, Louisville, Ky.

Executive Committee.

Central Illinois Homeopathic Medical Association.

The eighteenth session of the Central Illinois Homeopathic Medical Association will convene at the City Hall, Bloomington, Illinois, Thursday, October 23, 1902.

The program will be entirely devoted to the Bureau of Surgery, of which Chas. H. Long, M. D., is chairman. The following papers will be presented:

1. "Surgical Treatment of Infectious Inflammations," Dr. Thos. H. Waters, Atlanta.

2. "Circumcision," Dr. J. D. Lockie, Pontiac.

3. "Conservatism in Surgery," Dr. Geo. B. Kelso, Bloomington.

4. "Appendicitis," Dr. J. T. Webster, Atlanta.

5. "Hemorrhoids and Treatment," Dr. J. W. Calvert, Dwight.

6. "Puerperal Sepsis," Dr. O. E. Glick, Hume.

7. "The Diagnosis," Dr. L. T. Rhoads, Lincoln.

The order of business for the day is as follows:

Meeting called to order, 11 a. m.

Preliminary business of the society, 11 a. m. to 12 m.

Opening of Bureau of Surgery, 12 m. to 1 p. m.

Intermission for Lunch, 1 p. m. to 2 p. m.

Afternoon session (Bureau), 2 p. m. to 6 p. m.

Intermission 6 p. m. to 7:30 p. m. for dinner.

7:30 to 10 p. m. entertained by Dr. and Mrs. Kelso.

The Bureau at this October meeting will be closed at six o'clock. Those living at a distance who desire to return on the evening trains can do so. The train service and schedule to and from Bloomington are excellent, making it possible for members to attend the meeting and return the same day.

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We are much pleased with the interest taken in the surgical program for this October meeting. The chairman reports an abundant supply of material and a promptness in answering his requests that is commendable. That the subjects chosen are opportune and exceedingly interesting to the medical world is patent to all. We urge every one in our territory who recognizes the advantage of an interchange of ideas on these themes to be present.

In closing, we again call your attention to the steady growth of the C. I. H. M. A., as evidenced by the roster of membership. Our desire is to make these semi-annual meetings so helpful that none will need urging in a matter that pertains so much to each individual's interest. Fraternally,

W. E. NEIBERGER, Secretary.

Correspondence.

Editor MEDICAL VISITOR:

An article that I read in your *most valuable* journal last spring has led me to write this. It was on physicians recommending a certain M. D. to their patients when they sent them to Hot Springs so that the patients would not fall into the claws of the vultures already to devour them.

I think the same advice is applicable to people coming south for the winter, whether well or sick, but much more especially the sick ones, for they have not the time to go everywhere inquiring for a homeopathic physician.

The southern people as a whole are strictly alopathic; they live on calomel and quinine and a good many die on it. They see absolutely no sense in taking a drop of medicine for a dose when they can get a good, genuine allopath to treat them. If at the hotel or boarding house, the visitor inquires for a homeopathic physician the proprietor will not say anything, but simply send an allopath, and when the doctor comes if the patient inquires, "Are you a homeopathic doctor?" very often he will answer, "I practice both," though he has not the least idea of the principles of homeopathy. The patient takes the medicine (sometimes he doesn't know any better), but as a rule homeopaths are intelligent people and cannot be imposed upon. Generally they say nothing, but leave the place because they can't get a physician they desire.

I had one family who left St. Augustine last winter because they couldn't get a homeopathic physician there, although there is an excellent one at that place, and came to Miama because they were told that I am here.

Now, whenever I get one of those patients and I know they are

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going up the State, I take special pains to inquire where they are going and give the addresses of all the homeopathic physicians along their routes.

It seems to me that it would be an easy matter for physicians in the north to find out the location of their southern physicians and direct their patients to a doctor that will not return them to him half way converted to allopathy or else their systems so filled with drugs that he will find it hard work to do much for them until he gets rid of these poisons.

You have no idea of the amount of morphiue used in the south! Don't let one of your patients get into that habit.

Miama, Fla. H. W. Martens, M. D.

Dear Doctor:—I thank you for publishing in The Medical Visitor of October 1st a paper written by the lamented Dr. Charles E. Laning.

This paper, "Diagnosis, Its Relation to Therapeutics," is worthy of careful attention. And indeed, we may say of it: 'Decies repetita placebit.' When repeated ten times it is still pleasing and agreeable."

One extract when he is about to finish his article is especially practical. "All diagnosis, or all symptomatology, will not do it; it is by keeping them in their proper places, and seeing that the former serves its purpose and no more. One great trouble is that physicians who believe in diagnosis, make a hobby of it, and think it is the end rather than the means merely, to an end. While those who delight in the study of "symptoms," and believe as I heard one man say, 'That it would be better for medicine if all knowledge of that art were lost, except that contained between the covers of Hahnemann's Materia Pura'—such men, I say, are as far unbalanced as the others."

The late Dr. Laning when a boy, whose early education was given to him in St. Louis, and whose parents were my patients, exhibited in early life the indications of a genius. When residing here he had a severe attack of typhoid fever, and it was my privilege to attend him through the sickness, until his complete convalescence. He was a great loss to our profession, and especially to Hahnemann Medical College.

Your note about the paper where you compare it to "good wine increased by age," etc., is timely. The paper will well bear republication, and is worthy to be inserted within the leaves of a medical scrap book. Yours sincerely,

Oct. 4, 1902. T. Griswold Comstock.

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THE MEDICAL VISITOR

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Original Articles.

CLASSIFICATION, NOMENCLATURE, AND GROSS PATHOLOGY OF THE PRINCIPAL NON-SUPPURATIVE RENAL LESIONS.

BY CLIFFORD MITCHELL, M. D., PROFESSOR DISEASES OF THE KIDNEYS, CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

I have endeavored to summarize the principal features of the gross pathology of important non-suppurative diseases of the kidneys in a table given below.

We no longer divide chronic nephritis into parenchymatous and interstitial, as modern pathology shows us that such a distinction is impossible. In all cases of chronic nephritis changes take place simultaneously in both parenchyma and stroma, hence the necessity for use of the term *diffuse nephritis* signifying an inflammation which involves all the structures of the kidney. The only disease in which we now use the term parenchymatous is that known as *acute parenchymatous nephritis or degeneration*, the result of numerous febrile disorders, of irritant poisons, pregnancy, etc. The so-called "febrile albuminuria" is now referred to acute parenchymatous nephritis. The kidney of pregnancy at least resembles it in some particulars, though the pathology of this condition is obscure. In acute parenchymatous nephritis the vascular phenomena characteristic of nephritis are absent, and there are no changes in the stroma, hence the term *acute parenchymatous degeneration* is preferable. The principal characteristic is degeneration of the parenchyma, exudation into the capsule of Bowman, cloudy swelling, dropsical change, hyaline and fatty degeneration and necrosis of the tubular epithelium.

The clinical term *acute nephritis*, while of course covering all forms of sudden onset and comparatively rapid course applies pathologically, in the majority of cases seen in practice, to an acute inflammation involving all

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the structures of the kidney, but principally affecting the glomerulus, hence the modern term *acute glomerulo-nephritis*, occurring in scarlatina, diphtheria, and other infectious diseases.

Wagner, however, discovered that a form of acute nephritis exists frequently the result of acute infectious diseases in which cellular exudation in the stroma (interstitial tissue) is a marked feature. To such a condition he gave the name of *acute interstitial nephritis*. His observations have been carefully studied and confirmed by Councilman.

Chronic nephritis is clinically distinguished from acute by a slower, more insidious development and longer course. Pathologically by the tendency toward production of new fibrous tissue. All chronic nephritis is, then, *chronic diffuse nephritis*.

We distinguish two forms of chronic diffuse nephritis: *non-indurative* and *indurative*. The term non-indurative is applied to that form in which the new cells of the stroma do not proceed to form mature connective tissue, hence there is in this form no induration from scar-tissue and contraction, the latter being absent. Clinically we divide chronic diffuse non-indurative nephritis into two forms (1) *large white or yellow kidney* and (2) *large mottled kidney*, the latter being also called *chronic hemorrhagic nephritis* from the infiltration of blood. The term chronic parenchymatous nephritis as applied to large white kidney is, as already mentioned, no longer used, for the reason that even in large white kidney, pathologists have found changes in the interstitial tissue, though not very marked ones. The term *mottled* is used in describing the second form of chronic diffuse non-indurative nephritis for the reason that on the surface of the kidney, grayish or yellowish areas, due to fatty changes, alternate with reddish ones due to congestion or hemorrhage, giving the kidney a distinctly variegated appearance. Dropsical swelling is a clinical feature of chronic diffuse non-indurative nephritis.

The term *indurative* is applied to those forms of chronic nephritis in which there is formation of mature connective tissue, scar-tissue contraction, and induration or hardening. We distinguish three forms: The first represents a continuation of the connective tissue proliferation found in slight degree in the large white kidney and in greater degree in the large mottled kidney, hence the term *secondary chronic interstitial nephritis*, a disease into which the two preceding forms merge if the patient lives long enough, as is more often the case in large mottled kidney. The clinical features resemble those of the next lesion.

Another form of chronic diffuse indurative nephritis is called *primary interstitial nephritis* for the reason that in the majority of cases no antecedent inflammation of the kidneys has occurred. This disease was

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formerly called gouty kidney, granular kidney, contracted kidney, etc., etc. A constant concomitant is hypertrophy of the left ventricle of the heart; retinal changes and arterio-sclerosis are also frequently associated with it. The kidney is small and hard. The third form of chronic diffuse indurative nephritis is known as *arterio-sclerotic nephritis*, in few cases of which there is a primary arterio-sclerosis in the blood vessels without any noteworthy changes in the general stroma. Clinically it is not worth while to differentiate it from the preceding lesion.

Finally, we apply the term amyloid kidney, to that condition in which there is amyloid degeneration of the blood vessels. There are three forms of amyloid kidney: *pure amyloid degeneration* in which the parenchyma is preserved, *amyloid large white kidney* in which the features of large white kidney and amyloid degeneration are combined, and *amyloid contracted kidney*, in which there are characteristics of contracted kidney together with amyloid degeneration.

Amyloid kidney has also been called waxy or albuminoid kidney, and the term lardaceous degeneration or infiltration has also been used to designate it.

By means of these introductory remarks it is hoped that any difficulties in understanding the following table will be avoided. I am indebted to Dr. B. J. Steves, of the class of 1903 of the Chicago Homeopathic Medical College, for a large part of the construction of this table. (See page 644.)

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NON-SUPPURATIVE RENAL DISEASES—SYNOPSIS OF THE GROSS PATHOLOGY.

(From notes by B. J. Steves on the lectures of Prof. Clifford Mitchell, M. D.)

NAME OF LESION.	SIZE OF THE KIDNEY.	CONSISTENCE.	APPEARANCE OF SURFACE.	APPEARANCE OF SECTION.
1. Active hyperemia.	Larger than normal.	Kidney firm.	Dark red.	Reddish brown. Cortex darker than pyramids. Glomeruli distinct.
2. Passive hyperemia. (Recent cases.)	Kidney more or less swollen; thicker.	Kidney firmer than normal.	Dark.	Darker than normal. Bases of the pyramids dark blueish. Glomeruli distinct.
3. Passive hyperemia. (Cases of long standing, *cyanotic induration.*)	Not larger; may be smaller than normal.	Increased. Harder than normal.	Dark red. In extreme cases granular.	Dark red. Cortex paler than pyramids. Veins appear as dark vertical striæ.
4. Acute parenchymatous nephritis.	Sometimes normal; usually somewhat enlarged.	Diminished. Kidney more friable than normal.	Paler than normal. Greenish yellow in the kidney of pregnancy.	Pale; looks as if cooked. Cortex marked with reddish striæ. Pyramids darker than cortex.
5. Acute diffuse nephritis (*glomerulo-nephritis.*)	Varies; usually enlarged, sometimes nearly twice normal size. May weigh nearly 400 to 500 grams.	Diminished. Kidney more friable than normal.	Gray-white, grayish red, dark red, mottled with red and white points.	Cortex wider, dull gray-pink or gray yellow; glomeruli prominent red points; striations indistinct. Pyramids pale or dark red.
6. Acute interstitial nephritis.	Normal or slightly larger, sometimes two or three times normal.	Diminished. Kidney soft, friable. On pressure milky fluid exudes.	Pale grayish opaque mottled with hyperemic areas.	Opaque grayish with small hyperemic areas. Cortex much wider than normal. Pyramids darker than cortex. Glomeruli invisible.
7. Chronic diffuse non-indurative nephritis. *Large white kidney.*	Variable; usually enlarged. Sometimes twice normal.	Usually diminished. The larger the softer; flaccid, doughy.	Smooth gray-yellow or butter-yellow.	Oily. Cortex wider than normal, yellowish. Pyramids darker than cortex or yellow like cortex.
8. Chronic diffuse non-indurative nephritis. *Large mottled kidney.* (*Chronic hemorrhagic nephritis.*)	Normal or slightly enlarged.	Somewhat increased.	Mottled, due to alternating gray-yellow and reddish areas.	Cortex wider than normal, marked with reddish striæ or patches.
9. Chronic diffuse indurative nephritis: (a) *Secondary chronic interstitial nephritis.*	Normal, larger or smaller.	Increased.	Smooth or slightly granular. Dark red or mottled, or grayish yellow. Cysts occur.	Cortex varies in width; opaque, mottled, gray yellow patches alternate with reddish areas.
10. Chronic diffuse indurative nephritis (b) *Primary chronic interstitial nephritis, or contracted kidney.*	Smaller than normal. May be one-third normal size or less.	Much increased. Knife may creak on cutting through.	Granular. Color varies, usually reddish. Cysts often present. Capsule adherent.	Cortex greatly reduced in size, highly granular. Color mottled with reddish striæ or dots. Deposits of lime salts and urates seen.
11. Chronic diffuse indurative nephritis. (c) *Arterio-sclerotic kidney.*	Normal or smaller, rarely enlarged.	Increased. Kidney hard.	Cyanotic or reddish; "beefy."	Cortex reduced, dark red in color; pyramids dark, congested. Arteries project and gape like small, stiff tubes.
12. Amyloid kidney. (The pure form. The kidney may appear normal to the naked eye, but the iodin test or the gentian-violet reveals amyloid areas.)				
13. Amyloid large white kidney.	Much larger than normal; may be nearly twice normal.	Increased. Tough, elastic. Feel smooth.	Pale yellow, somewhat translucent, like bacon.	Thick, hard, friable, pale-yellow cortex covered with gray-red spots, or marked with reddish striæ.
14. Amyloid contracted kidney.	Like contracted kidney. In syphilitic cases slightly larger.	Like contracted kidney.	More glistening and paler than contracted kidney.	Like contracted kidney. Iodin test shows amyloid patches.

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THE PITH OF THE MATTER. *

BY SHELDON LEAVITT, M. D., CHICAGO.

The pith of what matter? The pith of Christian Science, Mental Science, Divine Science, and the host of other so-called sciences which have thrust themselves so prominently to the front, as means of cure, in these latter days. That is what I shall aim to give you in my stammering way at this time.

We sometimes forget that there is more than one way of viewing things. The same object seen from different angles presents as many aspects as there are points of view. In order to be just and rational we must remember that our view of a subject is not the only one. Were you never surprised at your own appearance, as viewed from behind or from the side in the reflections of a triplicate mirror? I have been, more than once; and I am sure that some of you who are accustomed only to a front view would hardly recognize yourselves when seen from behind. There are many of our number who have been so long looking at a single means of cure that anything outside of it appears to them like shadows on the wall. They see nothing but fallacy in everything else, and, while pitying the subjects of the assumed delusions, spurn the theories themselves.

Equally to be condemned is the credulity which leads one to believe every new theory presented, and to accept as conclusive all testimony. There are some who go so far in this direction as to claim that all cures are of a psychic nature.

Now, for myself I want to say, and I want this statement noted, that I believe the middle ground to be safer and far more tenable. What I mean by this is that I believe there is an element of truth in the various theories of cure alluded to but that that one element does not represent the entire essence of disease cure.

We cannot make a fair study of any subject without laying aside all prejudice and approaching it with the utmost candor. It is hard to do this, especially when one has become rooted and grounded in a particular faith; the more so when there is an element of religious conviction associated with the belief. I have run across some who classify all advocates of other than material means of cure with the irreligious and uncanny, and accordingly have regarded their theories worthy of denunciation. The opinions of people like these should have no weight in deciding the value of psychic claims.

Every observer is forced to admit that the mind has a tremendous influence over the body. We are driven to believe this by phenomena

* Presented to the Homeopathic Medical Society of Chicago, October, 1902.

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which fall under the observation of every attentive physician. We see it demonstrated daily. Moreover, it is no new truth, though it has only recently become prominent. When we stop to think a moment it becomes patent, that, in fact, the mind is absolutely dominant. The conscious mind is not always dominant; but let us remember that we have a subconscious mind which presides over vital action, the volitions of which do not always rise to the level which makes them cognizable.

In what manner the subliminal mind is influenced and its actions modified and directed, are the very things about which we are learning something in these days of varied practice. One thing many of us have learned, though many others are ignorant of it, is that, if we would be well we must realize the power of purpose, and do what we can to keep alive the faculty of effort. "Be systematically ascetic or heroic in little unnecessary points," says Prof. Wm. James, of Harvard University. "Do every day or two something for no other reason than that you would rather *not* do it, so that when the hour of dire need draws nigh it may find you not unnerved and untrained to stand the test. Asceticism of this sort is like the insurance which a man pays on his house and goods. The tax does him no good at the time, and possibly may never bring him a return. But if the fire does come, his having paid it will be his salvation from ruin. So with the man who has daily inured himself to habits of concentrated attention, energetic volition, and self-denial in unnecessary things. He will stand like a tower when everything rocks around him, and when his softer fellow-mortals are winnowed like chaff in the blast."

Here is another: Particular ideas, excited it may be by perceptions, certainly do produce widespread bodily effects by a sort of immediate psychical influence, antecedent to the arousal of an emotion. Says a well-known author, "The writer well remembers his astonishment, when a boy of seven or eight, at fainting when he saw a horse bled. The blood was in a bucket, with a stick in it, and, if memory does not deceive him, he stirred it round and saw it drip from the stick with no feeling save that of childish curiosity. Suddenly the world grew black before his eyes, his ears began to buzz, and he knew no more. He had never heard of the sight of blood producing faintness or sickness, and he had so little repugnance to it, and so little apprehension of any other sort of danger from it, that even at that tender age, as he well remembers, he could not help wondering how the mere physical presence of a pailful of crimson fluid could occasion in him such formidable bodily effects." It is clear in such a case that the sub-conscious mind is influenced by perceptions which produce no conscious antecedent impressions.

The new psychology has also taught us that not only the moods, but

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also the physical conditions may be modified by expressive attitudes and movements of the body. Refuse to express a passion and it dies. Refuse to express health in a smooth brow, a bright eye, a cheerful voice and a light step, and your health will surely decline. The effect may not be immediate, but it will certainly follow soon or late.

These are some of the laws of mind which should enter into the calculation. Many more could be mentioned. Here lies a vast field for study and experiment, one, too, which the physician is well qualified to enter, and yet one from which he shrinks through fear of being misunderstood.

Are we prepared to deny the genuineness of some of the cures made by these so-called faddists? My own observation leads me to believe that we are not. "On every hand we are invited to come and see," says Prof. George A. Coe, of the Northwestern University, "and any disposition to ignore the facts thus open to observation, while at the same time wholly condemning the beliefs in the name of which they are wrought, justly leads to a charge of prejudice and lack of scientific method. In fact, the evidence of most remarkable cases of healing under all these systems of belief is so abundant that I shall not hesitate to assume without argument that we are here dealing with one or more *genuine curative agencies.*"

Disease is evinced by what we call symptoms. These symptoms are of two general varieties, objective and subjective; the latter being those that are felt and the former those that can be determined by means of physical exploration. We admit that a case can be symptomatically cured without being objectively cured. For example, a woman with a retroversion of the uterus may be relieved of all sense of discomfort without restoration of the organ to what we call a normal position. To her this means a cure, and it is in substance a cure, since conditions that present no subjective evidence of abnormality are not essentially abnormal. The natural forces may be unable to cast out a bullet which has become imbedded in the trunk of a tree, or even in the body of a man, and the pathologist may tell us that in consequence there exists an abnormal condition. But nature comes to the rescue, restoring the cellular disorder which resulted from the penetration, and the tree, or the man, continues his unimpeded movement of life forces as evinced in unmodified functional activity.

This dual mind, or if you please, this dual manifestation of mind, as seen in conscious and unconscious action, while it defies comprehension, commands our respect. It must be that the mind makes the body, rather than the body the mind. It is the mind of the cell that determines cellular developement; and the human body is but an aggregation of cells.

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Only when mistaken for the reality, and thereby idolized, does the body become discordant and tyranical. Viewed as an external manifestation, it grows beautiful, and also becomes harmonious with the environment of its own plane.

This is a tempting theme for discussion, but we are liable to become bewildered if we go far into it, unless we follow a definite line of thought. Accordingly let us turn our consideration to some of the laws determining the exercise of influence of the objective mind over the subjective, or, in other words, of the conscions mind over the subconscious. It will be percieved that the importance of this study lies chiefly in the fact that it is the subconscious mind which presides over the functions of organic life.

It appears to have been clearly demonstrated that the cures wrought through the various forms of psychic healing are accomplished by the action of one and the same power. Various theories have been advanced by the representatives of the different methods, some of them claiming that the cures are effected by the power of God, while others admit that they are wrought by the unaided power of mind. As many, and as marvelous, cures have been made under one theory as under an other. It only remains for us to theorize concerning the nature of the curative agency, and to define, as far as possible, the laws which determine its expression.

The most important law of cure ever enunciated, without regard now to our theories concerning the details of method, is expressed in the words of the Great Physician of Galilee, "According to your faith be it unto you." Without its aid I confidently believe that the action even of drug remedies would suffer more or less impairment.

Two elments are essential: (1) a suggestion, and (2) belief. The suggestion may come from without, or arise from within. The belief measures the efficacy of the suggestion.

The Christian Scientist avers that faith is not essential to cure, and yet, in the very methods adopted, establishes the unreliability of the claim by doing the very things best calculated to fix the patient's mind and establish his confidence. Without faith, little can be accomplished in this world; and well-rooted belief, united with profound attention, always determines the measure of the effect.

I have no doubt that disease can often be cured by converting the mind, that is to say, by giving it a turn in the right direction. There can be no doubt that the sympathetic nervous system, seemingly automatic and independent in its actions, is tremendously influenced by objective concepts and modes of thought. This clears the way for raising the will to an exalted position. Let the mind be in a neutral state,

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so far as purposeful action is concerned, and it is in a state most inviting to pathological influences. This is true, because, at such a time, the vitality, which is measured by the mentality (both objective and subjective), offers but little resistance to unwholesome suggestion and microbic multiplication. It is the mind that is positive and strong, accustomed to acting under volitionary direction, that maintains the organic functions, over which it presides, in a condition of perfect balance. Hence we conclude that the will to be well is a matter of vital importance in the preservation of physical health. But something more than a mere idle volition is required. There must be a confident looking-for, which casts out fear and its entire horde of physical depressors.

That there are valuable means of cure resident in the psychic realm, many of us are fully persuaded. I wish we knew better how to utilize them; but we are slowly learning. In my own experience the truly helpful returns from this field of inquiry have been more numerous, in proportion to the investment of time and effort made, than from any other. Those who know the least about homeopathy are those who most loudly condemn it. Have you not always found it so? Let us beware of falling over the same stumbling-stone in our denunciations of other alleged methods of cure.

ETHICS OF GYNECOLOGY.*

BY A. O. ULLREY, M. D., NILES, MICH.

In every department of practice one early encounters responsibilities of a trying nature, and is required to determine rules of conduct which involve important questions. It is for this very reason that medical and surgical practice should not be taken by those in whom cupidity is the ruling passion, whose moral principles are not well settled, and whose sensibilities are not morally keen.

A moral responsibility which rests with much weight upon the conscientious operator, is that concerning his personal fitness to do well the surgical work required,—the same sense of responsibility felt by the conscientious physician with respect to his ability to serve well, by his medicines, the interests of his patient. But in medicine, the real responsibility involved is not so great, owing to the fact that the possibilities of serious harm are not so pronounced as in surgery. The question, Am I well equipped, both in point of knowledge and mechanical skill faithfully to serve the best interest of the confiding patient before me? is one which the operator ought seriously to propound to himself, and be able affirmatively to answer, before he puts knife to the case.

* Read at N. I. and S. M. Homeopathic Medical Association.

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Then, there is the reckless surgeon. He may be well informed as to methods and general technique and possess wonderful manipulative skill, but he is reckless, impatient, hurried and goaded by undisciplined and refractory impulses. He jumps to conclusions, makes off-hand diagnosis, prides himself on short operations and is little disturbed by unfavorable results. Comet-like, he blazes in the heavens and comet-like, fades before he reaches life's meridian. He fills, it may be, a most important place in surgical evolution and yet is the object of many a summons from the bar of moral justice. But gynecology is not all surgery and there are ethical lines reticulating the medical as well as the surgical phases of practice among women that we shall do well to study somewhat in detail.

The gynecologist is subject to peculiar temptations which appeal to his cupidity, and among them we may reckon the opportunity to reap a harvest from women whose lively fancy and vivid imagination have made them mental invalids.

Many of women's ailments, as we all know, have their tap-root in the mind, and such subjects accordingly become an easy prey to the unscrupulous doctor who has a dominant regard for filthy lucre. Women are apt to be controlled by their intuitions, while their prejudices and prepossessions are not easily overcome, so that great tact and consummate discretion are indispensable to the attainment of the best results of treatment. They will not often tolerate raillery or even pleasantry, directed at their supposed ailments, especially by a strange physician, and the part of wisdom is to handle their delusions in a gentle but firm manner, conceding to them, by implication, some claims of the genuineness of which we are not fully convinced, and giving to each symptom its due weight.

It follows that a truly honest physician or surgeon may find it wise to resort to drugs, or even, operative measures, to set in motion curative mental impulses and impressions in those who are ill only because of overpowering morbid convictions.

Should unmarried women be subjected to thorough pelvic exploration? This question is often asked, and to it various answers are given. Some would have us make no examinations, but they are mainly those who undertake the management of all sorts of pelvic troubles without proper investigation, laying no emphasis upon the surpassing advantages derived from physical exploration and possessing no adequate knowledge of pelvic pathology. It is alleged that, besides the reduction of a girl's modesty resulting from such an investigation, currents of thought are thereby directed to the generative sphere, which may prove prejudicial to the health and morals of the subject. But have we not reason

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to believe that possible lesions, excluded by the results of an examination, or recognized and cured, had they been left to luxuriate in a sensitive subject, would likely have produced pernicious results far outweighing those apt to be engendered by a well conducted examination? The truth is there would be fewer physical wrecks among our girls if careful examinations were more common, for there are many remediable ailments which, when neglected, work disaster to physical health and vigor.

There is no denying that it is far easier to preach than to practice, for the truth is demonstrated in the lives of all, those of the medical fraternity forming no exception.

Asepsis and antisepsis in the puerperal state have taken fast hold upon obstetrical practice with the prospect that puerperal fever, septicemia, metritis and peritonitis may soon become things of the past.

The process of prevention and correction is made applicable to patient, physician, nurse and the entire apartment where the labor is to take place. The greatest precautions are taken to keep scrupulously clean the surface of the body, linen and bedding. The old-time purgative has given place to the homeopathic remedy, with hot water intestinal irrigation. Under the improved and improving modes, constant dosing of the pregnant or puerperal woman is fast losing its place, and we shall soon reach the conclusion and demonstrate the theory that utero-gestation, parturition and the puerperal states are just as normal as other functions and processes of the healthy woman, to be regarded strictly as physiological processes.

As to the use of the curette in the management of accidents incident to the puerperal state. There are certain phases of septicæmia dependent upon retained coagula, secundines and any remnant of placenta should be removed by the skilled use of this instrument. In my intercourse with some of my professional brethren I detect a quality of doubt and fear in the use of the curette. Of course it is just like any other strong factor when in use; powerful for good in skilled hands, and equally powerful for harm in unskilled ones. Reports have been made recently that the uterus had been perforated under its use, but we think such results should be set down to the discredit of the operator, rather than to the prudent use of the instrument.

Regarding lacerations and injury of the perineum and pelvic floor is a subject which interests me exceedingly. I am inclined to think that if the obstetrican understood more thoroughly the mechanical principles which should be applied to the reparation of the pelvic floor, the gynecologist would have less work to do subsequently.

As to the possibility of determining the form of injury known as re-

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laxation, which may or may not be associated with the laceration of the perineal body proper, I admit that immediately after delivery, the parts are so relaxed that it is difficult to determine whether or not the muscular structure of the pelvic floor is separated. However, in many cases, I think, in the majority of lacerations of the perineum, there will be found more or less separation of the levatores ani and coccygeal muscles and their attachments, which I am convinced is much more common than the general practitioner imagines, and which is responsible for much suffering and inconvenience. It is both an obstetrical and a surgical principle that all open wounds should be closed at once, if possible, leaving no raw surfaces for the absorption of septic matter, and I think if this principle is observed, the patient's recovery will undoubtedly be more complete. If the relaxation as well as the perineal rent is overcome, there will not be the dragging pains and bearing-down sensation which so often follow in the train of childbirth.

In regard to the immediate repair of the cervix, I wish to say from my experience that I do not think it is practicable, and I do not think it is practiced, and I do not think the results will commend its use. I have done it a few times, and the difficulty of doing it, the condition of the parts and their extreme relaxation made it difficult to find the extent of the laceration of the cervix and, where stitches could be put safely, and the result was unsatisfactory. The condition of the parts immediately after labor is such that it is impracticable for us to immediately repair the lacerated cervix. The thing to do is to leave it and the dangers we have from septicemia are not increased by leaving it.

It has been my experience that it is better not to do it and that it is one of the things that the secondary operation should repair.

If I have succeeded in refreshing your mind as to matters forgotten or neglected, or if I have suggested to you any new truth, however small, I shall feel most happy, and therefore will make no apology for mentioning what may seem to be minor matters. Every conscientious obstetrist must feel the great responsibility that rests upon him when he has under his care the life of a parturient woman.

One of the greatest authorities in our profession once said, "the success in gynecology consists in the most careful attention to minute details." The same applies to success in the practice of midwifery.

Thanking you for patient attention, I remain as ever, your willing coworker.

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PAIN AS AN AID TO DIAGNOSIS AND TREATMENT.

BY JAMES WATSON, M. B., C. M. EDIN, ASSISTANT PHYSICIAN TO THE HAHNEMANN HOSPITAL, LIVERPOOL.

Much of the literature of the medicine of today belongs to the specially descriptive and pathological aspects of disease.

The prevalence to which specialism has attained, together with the great advances which have been made in the appliances and methods of investigation, have brought this to pass; but in its train there lurks a subtle danger, hardly to be recognized at first sight, yet very real and imminent. The danger lies in confounding the ultimates or issues of disease with the disease itself; or to put it in another way, in the use of the pathological terms descriptive of the disease as though they comprised the alpha and the omega, the beginning and the ending of the whole vital proceeding. As Clifford Allbutt pointed out some time ago, there is no such thing as enteric fever or diphtheria—these are not things, but abstract conceptions—the realities being large numbers of individual patients, no two of whom are alike, and many of whom are very unlike.

Amongst the things which have suffered neglect through the whole-hearted devotion to the microscope, the test tube *et hoc genus omne*, are the rank and file of subjective symptoms. These are occurring especially to each individual, bear the hall-mark of the person as such, rather than of the disease, and ought to be entertained and welcomed as a contribution "to the rise of the patient and fall of the disease."

In this paper it is proposed to consider the subject of pain, its value as an aid in diagnosis, and its significance from a therapeutic standpoint.

Whilst current literature on this topic is, with the exception of a few articles by Head of London, and Mackenzie of Burnley, very scanty, we cannot omit mention of that classical work of Hilton's on "Rest and Pain." We shall have occasion later on to quote from that work, so well does it voice certain of our ideas regarding the beneficent uses of pain.

The difficulty which meets us at the very outset is the great unreliability of pain. It is largely, if not in all cases entirely, subjective, and therefore allows of no standard by which it can be measured by on-lookers. It occurs so frequently; it finds expression in so many different and almost contrary terms; lastly, it can so readily be simulated, as maligners know; these and many other considerations which might be put forward, clearly show how impossible a task it would be to classify pain, or to fix a hard and fast, or even a sliding scale of values to the various manifestations of pain met with.

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Each case has to be investigated on its own merits, and the points which require to be adjudicated upon are, roughly speaking, three—(1) the veracity; (2) the temperament; and (3) the intellectual endowment of the patient. The influences which these three factors, which we may conjointly term the personal equation of the patient, have upon the pain complained of. scarcely needs illustration. We are accustomed almost intuitively to classify our patients as neurotic, phlegmatic, or melancholic as the case may be, and to qualify their account of themselves accordingly; and it is right here, as the Americans would say, that we so often go astray.

I shall not readily forget a patient who once passed through my hands when I was acting as clinical clerk in the Medical Outpatient Department of the Royal Infirmary, Edinburgh. The patient, a young man, practically just a well grown lad of 19, complained vaguely of illness, and though we could find no physical cause to account for his feelings the general look of the patient supported his statement, and we drafted him on into the ward of one of the most famous of Edinburg physicians, since deceased.

The next time I saw that patient was in the clinical medicine theatre, when, before some 300 students, his *case* was expatiated upon as a typical instance of hysteria in the male, or hypochondriasis, as it is more commonly termed. Within three weeks I assisted at the autopsy on that patient, and we found, high up in the rectum, the cancerous mass which had caused the patient his sufferings, and had in the end killed him.

I doubt very much whether we could not all of us furnish from our own practices similar, if not so aggravated, examples of hasty judgment arrived at, to the detriment of our patient and the subsequent disparagement of our own professional skill and abilities.

But though *pain* possesses in a very marked degree this element of unreliability which is common to all subjective symptoms, yet there are to be met with occasionally objective symptoms forming very clear corroborative evidence of the existence of pain. Of these control symptoms, if I may so term them, mention may be made of two: (1) the expression of face of the patient, (2) the position adopted and reflex movements made under the influence of pain.

The case whose history I have just cited was one in which due consideration was not given to the expression of suffering which the patient's face portrayed. It bore the indefinable, anxious look which is associated with malignant disease, and although one cannot diagnose the presence of malignant or other disease through expression alone, it should at least help to put us on the right track. Eustace Smith it was who said, speaking of pain in children, that pain in the head is indicated

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by contraction of the brows, pain in the chest by sharpness of the nostrils, and pain in the belly by a drawing of the upper lip.

But the position and attitude which the patient adopts may also act as control-symptoms. When asked to see a child complaining of pain in the knee, and also of lameness, the first thing we look to is the position of the limb, which in many cases indicates the presence of hip-joint disease. Again, in abdominal disease associated with peritonitis, it is scarcely needful in some cases to ask questions; the anxious look, the flexed thighs, and the immobile abdomen, which the patient almost shrinks from your inspection of, speak eloquently both of the nature of the disease and the character of pain experienced; of angina pectoris, and of the passage of biliary and urinary calculi, the accompaniments in the way of bodily contortions and mental suffering are too well known to need recital.

In considering the value of pain as an aid to diagnosis, there are a few general propositions regarding its psychology which have to be made. The points about which modern psychologists are not agreed are three: (1) The existence of pain spots analogous to tactile bodies and temperature spots; (2) the existence of separate pain-conducting tracts in the cord; (3) the existence of a specific pain centre in the brain.

The first point does not concern us here. But with regard to the second, Professor James remarks that in certain cases of analgesia the sense of touch is retained, whilst that for pain is lost, which strongly supports the view that there are special pain-conducting tracts.

The difficulties to be overcome before establishing the hypothesis of a specific pain centre are very great. Pain can be produced through over-stimulation of any of the special senses, possibly indeed, by currents of overflow from the sensory centres reaching such a specific pain centre. But the difficulty which to our way of thinking demolishes the hypothesis is that a specific pain centre, supposing such to exist, would give a uniform response to stimulation, proportionate to the stimulus supplied. But pain has to be reckoned not only as regards its degree of intensity but according to its character, and we cannot see how one specific centre can give rise to the infinite variety of pains met with according to the site of the lesion.

This brings us to consideration of some clinical points regarding pain, which may help in elucidating the *fons et origo* of the affection. The first of these is the character of the pain complained of.

The dull gnawing tearing pain of bone affections, the sharp burning and stinging pain of neuralgia and other nerve affections, *e. g.*, locomotor ataxia, and the bruised aching of muscle and aponeurosis are well-known

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instances of the varying character which pain assumes in different structures.

Then another point I wish to emphasize is the *mode* of *onset* of the *pain.* Speaking in a broad sense, we think it may be said that sudden attacks of pain point to the involvement of one or other of *two* structures either (1) of nerves as in the case of neuralgia, or (2) of hollow viscera, with whose contraction the morbid process has in some way interfered. The frequency with which the pain in abdominal diseases manifests itself suddenly shows how readily irregular muscular contractions are capable of inducing sudden and acute pains. We cannot leave this part of our subject without pointing out the periodicity which often characterizes pain. This is met with typically in some forms of neuralgia. The nocturnal aggravation which almost all diseases show, seems to be another example of periodicity, and although there are general physiological considerations which may account for this, its results are none the less painful, as sufferers from tertiary syphilitic bone pains well know.

The reactions which various pains give to their environment are points not so much of clinical as of therapeutic import. The reactions I refer to are what we homeopaths are wont to call, the conditions of amelioration and of aggravation.

The effect of (1) Heat and cold. (2) Rest and motion. (3) Heavy and light pressure and (4) Reaction to atmospheric influences, *e. g.*, damp, cold, thunder; all these are points which are well brought out in provings and with them as guides we are enabled to value at their true worth, those same features and reactions when manifested in the course of natural diseases.

It is worthy of note in passing that Musser in his book on "Medical Diagnosis" enters at some length into the consideration of these reactions of pain, but without giving a hint of their value theapeutically.

In dealing now with the diagnostic value of pain, I must beg leave to confine our attention to that class of diseases in which pain is felt remote from the actual site of the disease and unconnected with it, except by way of nerve continuity.

This opens up the whole vista of reflex or, as Dana prefers to call them, reflected pains, and it is also meant to include those pains which have lately been brought before the notice of the profession by Dr. Henry Head in various papers dealing with the cutaneous symptoms of visceral disease.

The following quotation taken from Dana's work shows how very frequently reflex pains occur in visceral disease.

"Irritations from the stomach cause reflexly a larger variety of pains.

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We all know that the simple ingestion of a glass of ice water will cause a sharp frontal or temporal pain." * Lauder Brunton finds that constipation and presumable intestinal irritation cause a diffuse frontal headache over the whole brow. When there is no constipation and the condition is one of gastric irritation, the pain is either just above the eyes, or more rarely in the occiput (when it will be relieved by acids), or just as the roots of the hairs (when it will be relieved by alkalies).

The scapulæ and shoulder pains in dyspepsia and the pains felt between the scapulæ due to the involvement of the posterior branches of the second to the sixth intercostal nerves are common phenomena familiar to all.

The milder irritations produced by undigested food, excess of acid, seem to be reflected most often upon the upper intercostal nerve or the cardiac nerves, vagal or sympathetic.

The stomach and intestines are probably the most frequent cause of transferred pains; after this I would place the uterus and its appendages, and next the eye or heart.

Pains started up by the gall bladder are felt in the right side of the thorax and right arm, whilst it is one of the aphorisms of medicine that disorders of the liver may cause pain in the right shoulder.

In abscess of the spleen, there is pain felt in the left shoulder.

In kidney disease, neuralgic pains may be felt in the lumbar region, radiating forward to the lower abdomen and genitals.

Lange says that in uterine troubles the reflex pains occur oftenest in the form of arthralgia * * * Studies of the cause of reflex pains in the feet show that they may be referred in almost all cases to irritation of the genito-urinary tract (*e. g.* gonorrhœal rheumatism) * * * It has been stated that pain in the heel may be caused by ovarian abscess. (I can remember a case which was brought before the Royal Medical Society of Edinburgh, in which pain in the heel was the symptom which led to a vaginal examination being made, revealing the presence of cancer of the cervix).

Lesions in the lung itself cause reflex pains in the form of intercostal neuralgia. Slight pulmonary congestions such as occur at the very onset of phthisis may cause intercostal neuralgia, and Anstie speaks of the value of these pains as "warnings of the approach of phthisical disease."

Such are a few of the clinical instances culled from allopathic literature in which the value of pain as an aid to diagnosis is now universally recognized. An anatomico-physiological relationship—sufficient to satisfy the most sceptical—has been shown to subsist in them all, and renders the claim which we desire to make on behalf of this most fickle of

*This quotation is extracted from "Functional Nervous Disorders in Women." McGillicuddy (Bailliere, Tindall & Cox).

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all subjective symptoms to a place of interest and of importance in the study of disease processes, unimpeachable.

Dr. Henry Head, of the London Hospital, has contributed an article to the last edition of Quain's Dictionary of Medicine, upon "Pain in Visceral Diseases." The basis upon which he has worked out the interdependence of cutaneous pain with visceral disease is a purely clinical one and the method adopted is that of mapping out the various areas of hyperæsthesia met with in association with visceral disease. In the article in question he gives a tabular list of organs and the areas of skin—in terms of their nerve distribution—found to be in organic association and sympathy with each other.

This experimental test, it is interesting to note, gives a very similar result to that of Dana, whose scheme is founded upon a knowledge of the inter-communications which anatomists have shown to exist between the sympathetic nervous system, supplying the viscera, and the cerebro-spinal system, supplying the skin.

Head's theory explanatory of these associated cutaneous phenomena is a very ingenious one. He says, "When impulses pass up sensory sympathetic nerves from an organ which is diseased, they set up a disturbance in the segment to which they are conducted. Now any secondary impulse from another part, *e. g.*, from the surface of the body which passes into this same segment, will be profoundly altered, for it no longer falls into a normal quiescent segment of the nervous system, but into one whose activity is already disturbed. The resultant stimulus conducted upwards to the brain, therefore, differs from that which would have passed onwards from that segment under normal circumstances. The second stimulus will appear to be exaggerated, or may, perhaps, undergo some actual increase in its passage through the excited segment. Thus, any otherwise painless stimulation applied to the surface of the body, falling within the area supplied by fibres which enter the disturbed segment, will appear is be painful, and the skin will be said to be tender. The fact that these areas correspond so closely in extent with those occupied by herpes zoster renders it probable that they belong to the same level of the nervous system, and that the cause of the tenderness is to be sought in that portion of the nervous system, which, when injured, produces herpes zoster. This has now been shown to be the ganglion of the posterior nerve root. It is therefore probable that impulses passing from an affected internal organ up the white ramus of the sympathetic system produces an alteration in some of the cells of the posterior root ganglion. These cells form the trophic stations for the sensory fibres from the skin. Thus painful stimuli from an internal organ produce such a disturbance in the ganglion that every stimulus from the periph-

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eral distribution of the fibres entering that ganglion appears to be painful."

Having thus, as we believe, shown incontrovertable evidence of the value of pain in the diagnosis of disease, we now proceed with the consideration of the second part of our subject, viz, the value of pain as a guide to treatment. We must, however, in order to prevent misunderstanding, and to disarm criticism, preface these remarks by a new asserting our belief in one of the cardinal tenets of homeopathy that the totality of the symptoms constitute the disease, and the similimum the proper treatment. But that belief need not debar us from investigating the therapeutic indication which pain may afford, more especially as such an investigation will allow us an opportunity of stating some of our opinions regarding the validity of provings, some of which seem of late to have fallen somewhat into disrepute.

That each drug has its own special sphere of action and specific mode of action within that sphere, has come to be recognized by even our old school brethren. According to Sharp "Essays on Medicine," No. 7, it was Haller, an eminent Swiss physiologist who, about the middle of the eighteenth century, first laid down that "the remedy is to be tried on the healthy body; a very small dose is to be taken and attention is to be directed to every effect produced by it. Having obtained these obvious phenomena *in health*, you may then pass on to experiment on the *body in a state* of *disease*."

Such was Haller's dictum; what the fruits of it in his hands were is not recorded. But we know that for more than thirty years, Hahnemann, conscious of the truth of the law, *similia similibus curantur*, devoted himself with untiring zeal to the work of proving medicines, and in this way the homeopathic materia medica came into being. In this connection, it is well to bear in mind that different constitutions and temperaments show just as marked divergence in their reactions to drugs as they do to natural diseases. One prover may bring out the symptoms of the mind very prominently; with another the gastro-intestinal symptoms rank highest; whilst with others, symptoms of the nervous, genito-urinary, or other systems may predominate. We believe that no one individual can possibly give in his proving a full picture of the potentialities of a given drug. In order to arrive at the genius of a drug, the experiment must be made with many provers, of varied characters and constitutions.

The symptoms recorded by the various provers collected together, just as though one man only had proved the medicine, can alone give the full image of the medicinal disease. This necessitated the adoption of a definite, and to some minds an apparently arbitrary subdivision of

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the symptoms of the provers, in order that symptoms produced in the same spheres—of mind or of heart—would come together and complement each other.

Of course, this has led to much diversity of symptomatology, and is, we think, largely accountable for much of the destructive criticism which is nowadays levelled at many of the older provings. It has been suggested, we believe, that pathogenetic symptoms to be of any value must be produced in all or in a majority of the provers of a drug. We understand that some provings have been remodelled upon this basis, all the symptoms recorded by only one or two provers being expunged. To purge the roll in this way in order to get down to a bed-rock (so to speak) of common symptoms and reactions, is to us equivalent to sacrificing our birthright for a mess of pottage. By so doing we might possibly gain the adherence of a few more men, but at the cost of our most precious heritage, viz, the faculty of individualizing both as regards drugs and patients.

These rather discursive remarks apply to all the pathogenetic records of provings, and to none more so than those of pain.

The following short extract from Hilton's "Rest and Pain" is of great interest:—"Sympathetic pains on the surface of the body connected with derangements of the internal viscera are of great and pressing interest to us. I conceive that pains situated upon the surface of the body and associated with some abnormal state of an internal viscus, must be looked upon as a beneficent provision, enabling us by external pain to receive the information and to appreciate slight organic changes or derangement of functions of the internal viscera."

That these remarks hold true of pain in natural disease has been shown by the evidence which later-day physiologists and clinicians have brought forward. They are equally true, we venture to think, of pain as supplied in the records of our provings. In both classes the pain evidences the reaction of the system to the morbific agent at work in the body, and as in the first class the pain acts as an intelligible guide to the site of the disease, so in the second class it acts likewise in regard to treatment.

I have collected a few examples of remedies whose pathogenesy contains, as a prominent symptom, pain in connection with various organs. I give the symptoms as recorded by the provers, and may here remark that in the light of the anatomico-physiological data already referred to, as well as from the result of their exhibition in diseased states, they warrant our acceptance.

Actæa Racemosa.—Pains from the region of the heart all over chest and down left arm.

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Agaricus.— Burning, shooting pains in region of heart extending to left shoulder.

Alumen.— Pressive hot pain on vertex of head (modality, relieved by pressure). I had a case a short time ago in which this symptom was most pronounced. The patient, a very anemic woman — the vertex is the typical site of anemic headaches — complained of this hot, burning pain, and she also had very bad alopecia. I tried phos., as she had lately gone through a period of rather anxious nursing, without result. On closer investigation, I got the above symptom of modality, and gave alumen, with great benefit to the anemia, complete relief to the headaches, and rapid recovery of the growth of the hair.

Cactus grand.—Pain in the apex of the heart, shooting down left arm to ends of fingers.

Cannabis sativa.—Drawing pains from region of kidneys to inguinal glands, with anxious, nauseous senations in pit of stomach.

Chelidonium.—Constant pain under the inferior angle of right scapula.

Helonias.—Pain in lower part of back through to uterus.

Kreasote.—Pain in small of back and in sacral region, urging to urinate and ineffectual desire for stool.

Lycopus.—Rheumatoid pains in præcordial region and at apex of heart, followed by pains in left wrist.

Kalmia.—Shooting pains above heart through to scapula.

Sepia.—One of our most important uterine remedies, contains the following symptoms: "Pulsating headache in cerebellum," which is just the site associated with headache of uterine disorder (Dana).

Many more examples might be cited, but as I do not wish to appear to advocate this as a method of arriving at a correct prescription, I will refrain. They are adduced merely as instances in which the structural interdependence of pain with visceral disease, now known to exist, was foreshadowed; and that which has been proved to be true of pain, one of the chiefest of subjective symptoms, ought to establish us in the faith, and enable and encourage us to deal more confidently with those other symptoms whose exact pathological relationships are not yet revealed. —*The Journal of the British Homeopathic Society.*

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SEPTICEMIA AND THE CURETTE.

BY H. PLYMPTON, M. D., BROOKLYN, NEW YORK.

To attempt to break up an old established custom in any line of life is at best, a thankless job, and one likely to call down harsh criticism upon the head of the daring iconoclast.

To attempt to uproot old prejudices existing in favor of a certain line of practice in surgery, and diametrically oppose such practice, is to invite from some, adverse criticism of the harshest kind. The only recompense for this is a logical refutation of, or concurrence in the argument advanced, on the part of other members of the profession.

This latter is what I hope for, and if I provoke a discussion, or start a line of thought in the minds of half of the readers of this article, I shall have achieved all I started out to do.

Curetting the uterus to remove fragments of after-birth or other debris has been taught in our medical schools from time immemorial, and it is firmly fixed in the receptive and retentive mind of every medical student that the first move following any such abnormal uterine condition, is to cleanse the uterus by means of the curette.

That the organ should be thoroughly and aseptically cleansed admits of no argument, but that the work should be done with the currette, I deny most emphatically.

The majority of cases of death following the decomposition of fœtus or placenta in utero, are caused by the use of the curette, and I hold that septicemia may be avoided if a more rational procedure be resorted to.

The condition of the uterus containing septic matter is one of great congestion; thickened walls being coated internally and over the os with a thick, brown, tenacious mucus.

The congestion is active, and therefore the more dangerous in the event of the admission of septic matter into the circulation.

If the currette is used, denuding the walls of their protective covering an immediate vaccination takes place with a septic virus, septicemia following in an incredibly short space of time (chemical metamorphosis is marvelously rapid in the circulatory system) and death quickly ensues.

If without using the curette, we can remove the septic matter from the uterus without disturbing the mucus covering, and enable the uterus of itself to expel the coating, we shall have taken a long step forward in the treatment of this class of uterine cases.

The uterus, by reason of its congestion may be made to perform a self-cleansing act by exciting the exudation of the serum of the blood into its cavity, thereby washing itself out, and expelling all septic matter instead of absorbing it.

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This process of exosmosis is induced by a properly combined alkaline solution at a temperature above 100° and a strict avoidance of Bi-Chloride, Carbolic Acid, Formaldehyde, or any antiseptic of an acid reaction or astringent nature, which would coagulate the fibrine and albumen of the blood.

My method of procedure is as follows:

First, the gentle removal of whatever fragments are lying in the uterine cavity, by means of forceps, care being taken not to tear from the walls any adherent piece.

Second, the gentle flushing of the uterine cavity with the alkaline solution (110°), the reservoir containing the fluid being not more than two feet above the level of the hips.

If the flushing could be continuously administered for a few hours (say two or three), the conditions would be more speedily reduced to normal, but the discomfort of the position of the patient (on a douche pan) prevents this, and a flushing once every two hours with one quart of solution is about the limit of treatment.

For flushing the uterus, I use a small dilating uterine douche, and as there is plenty of room for the escape of fluid and fragments, there is no danger of fallopian colic or salpingitis.

The first flushing is frequently followed by contractile pains and expulsion of any previously adherent pieces, together with much of the mucus.

A tablet of Ext. Cannabis Indica, gr. ¼.
Ext. Ergotin, gr. ½.

every hour till desired effect is produced will contract uterus and alleviate pain.

The bowels should be moved freely, both by enema and catharsis.

During the interval between douches, the patient should be kept on her back with the hips sufficiently raised to permit the retention in the vagina of as much of the alkaline solution as it will hold.

The rapidity with which this treatment will reduce temperature, relieve pain, stop vomiting and remove offensive odor is marvelous to one who has not tried it. Sometimes two flushings are sufficient to cleanse the uterus thoroughly; vaginal douches being all that are needed subsequently to complete the work.

Uterine congestion is speedily relieved, and the uterine discharge changes from brown, thick, bad smelling mucus, to a thin, transparent one, accompanied or followed by more or less of a flow of blood.

A reduction in the frequency of the flushings is desirable as soon as a tendency to return to normal conditions begins to be observed, as it frequently will within twenty-four hours. Then simple vaginal douches

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every three hours with an occasional uterine flushing if symptoms indicate it.

The action of exosmosis (and endosmosis, for there is every reason to believe in the absorption of some of the fluid) is what is desired to relieve the existing congestion, as in a bronchitis, pneumonia, congestion of kidney, congestion of any mucus membrane, etc., and is the most rational means of restoring to normal condition.

I do not wish to be understood as decrying the use of that most valuable instrument the curette, but only the abuse of it, to wit: its employment under such conditions as make it practically a sharp weapon loaded with septic matter, dangerous beyond the poisoned arrow of the Malay, or the fang of cobra, and utterly opposed to our modern ideas of antisepsis.

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Among the Journals.

THE VALUE OF RADIO-THERAPY IN CUTANEOUS AND OTHER CANCERS.

At the meeting of the American Dermatological Association, which was held in Boston last month, Dr. C. W. Allen of New York, read an interesting paper upon the subject of radio-therapy in cutaneous and other cancers, in which he offered the following conclusions.

First, the X-Ray possesses decided therapeutic power, and may produce marked injurious effects:

Second, from the study of the present series of cases, the writer feels warranted in stating that the X-ray, as a therapeutic measure, is not a passing fad to be dropped after a brief experience.

Third, the effect of the method is at times to produce severe symptoms, referable to the heart, lungs or other internal organs, and systemic effects pointing to absorption of products of disintegration thrown into the circulation more rapidly than they can be eliminated.

Fourth, metastases occur in grave forms of cancer at times much more suddenly than we are accustomed to see in patients not so treated.

Fifth, cancer itself may follow the injurious effects produced by the ray in a person not known to be predisposed, as instanced in the case reported of the tube-maker whose arm was amputated for carcinoma developing in an X-ray burn cicatrix.

Sixth, the X-ray dermatitis or burn, and many of the good effects as well, depend largely upon the proximity of the tube and the degree of heating of the anode.

Seventh, tubes at times get into what might be termed a "burning state," and a number of patients may suffer in succession. This condition of the tube must at present be learned by experience, as there is nothing to indicate just when it is so.

Eighth, the method is not one to be solely relied upon in all forms of cancer.

Ninth, in nodular, wart-like and dry growths upon the skin, other means of removal, preferably arsenical paste, should first be employed and the rays then applied.

Tenth, it is not a method which should be employed by electricians or unqualified persons. The manufacturer of strychnia is not the one to whom the administration should be trusted.

Eleventh, the indiscriminate application of the ray to all forms of disease, as claimed to be practiced in advertising institutions and by charla-

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tans, is apt to bring much unmerited criticism upon a really useful method, whose effect is at times almost magical, but most often disappointing.

In the course of the discussion of Dr. Allen's paper, Dr. J. C. White also reported a case of carcinoma of the skin developing at the site of a prolonged X-ray dermatitis.

[The above excerpt, from *The Examiner*, gives in a very condensed form the present status of X-ray therapy in the treatment of malignant growths.—Ed.]

DIAGNOSIS AND PROGNOSIS IN NERVOUS DISEASES.

Dr. Pritchard (*The Medical Examiner*) contributes an instructive paper upon the above subject in which he mentions the most characteristic features. After calling attention to the fact that the subject demands attention from the general as well as the specific standpoint; that one must be broad and take in the whole field; that the whole field considers such factors as "race, environment, temperament, occupation, age, sex, social and educational status, heredity, etc.," he calls attention to being related to race and says that hysteria is common among the French and melancholia among the Germans. He declares "it is a waste of time to hunt for neurasthenia, except the traumatic form, in the uneducated laborer," but it is peculiar to the cultured, educated class. This for a preface, he then says:

In considering the more direct aspect of the subject of neurological diagnosis, the successful physician needs, above all things, to cultivate and educate his objective or perceptive faculties—vision, hearing and touch in particular—and to train these faculties into association habits. The facies alone of the neurological patient sometimes decides the diagnosis. Asymetry and anomalies of development in features, and peculiarities of expression all tell some story or point a road. The facies in melancholia is diagnostic often. The position in standing or walking or in rising from a sitting position may name the disease. The rigid attitude, head bent forward, so characteristic of well worked paralysis agitans is readily recognized when once familiar. The gait in tabes, legs wide apart, feet brought down on the heel and with unnecessary force is unmistakable. The tottering shuffle in spastic paraplegia, the stiff half-swing of hemiplegia, the flaccid drag of multiple neuritis or poliomyelitis. are all descriptive. I know of nothing more characteristic than the method of climbing up his own body practiced by a victim of pseudo-hypertrophic paralysis in risiug from a prone to the upright position, so graph-

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ically described by Gowers. It has been said of the elder Charcot that he often made the correct diagnosis before seeing the patient, the ear identifying the disease from the special gait of the patient as he approached.

The sense of touch is one of the most valuable and at the same time neglected aids in refined diagnosis. The presence or absence of atrophy, for example, often decides the diagnosis, and, of course, the prognosis and treatment. The eye cannot always be relied upon. In infantile spinal paralysis the loss of power is often widespread at first. It is important to know what degree of residual, permanent paralysis will be present. This is indicated by the atrophy. The contour of the limb in which atrophy exists may not be altered, and this is especially true in fat, chubby children. The sense of touch, if educated by training, will settle the problem much more certainly than the eye. Hemiatrophy of the tongue is often apparent to the sense of touch when the eye discloses nothing. The difference between contracture and contraction, sometimes quite important, is determined by touch. The twitch of chorea, when latent, in cases just developing or on the road to recovery, is at times only determinable through the sense of touch. The advantage in training the perceptive faculties into the association habit is found in the resulting recognition of the diagnostic significance of certain symptoms when met with in combination. Headache, for instance, is a very commom sympton in nervous diseases. There are, however, different kinds of headaches, and some of them are highly suggestive in their peculiarities of the diagnosis. The headache of intracranial syphilis is peculiar in its nocturnal or vesperial periodicity; the headache of melancholia in its localization in the occipital or postcervical region; the headache of brain tumor in its agonizing severity. Insomnia also varies with the same significance. The insomnia of brain syphilis is usually of the first half of the night, and of the latter half in melancholia. The characteristic insomnia of neurasthenia is light, restless sleep throughout the night.

Combine several such facts in mental association, and the result is a series of diagnostic formulæ. That for the identification of cerebral syphilis is one of the best known and most reliable. It is as follows: Given a patient suffering from cerebral lesion whose age is between 25 and 45, whose lesion was preceded by nocturnal or nocturnally exaccerbated headaches, the headaches being associated with insomnia of the first part of the night, the headaches and insomnia disappearing upon the onset of the lesion, such lesion was due to syphilis. The variety of insomnia and headache described as peculiar to melancholia, if found

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associated with the facies referred to and a tendency to suicide, afford sufficient data for diagnosis.

The prognosis in nervous diseases is far better than is generally supposed. I believe the proportion of cures is as great as in almost any other specialty. Certain forms of nervous diseases are, however, hopeless. Locomotor ataxia can be benefited, but I do not believe in its cure. The same is true of general paresis and of idiopathic epilepsy, of paralysis agitans and disseminated sclerosis. The most discouraging cases of myelitis will many times turn out well and many hemiplegias recover. Among the acquired insanities all of the more organic types are recoverable, and the majority give excellent and prompt response to proper treatment.

A vicious heredity always makes worse the prognosis. The more anomalous the type is in epilepsy, chorea and the neuroses generally, the better the prognosis.

TREATMENT OF TYPHOID FEVER.

The experience of Dr. E. J. Raymond (*The Alkaloidal Clinic*) is certainly different from that of Dr. Bruce of Chicago, who declares it to be his belief that true typhoid fever is a very rare disease, and this opinion is coincided in by Dr. W. E. Taylor, superintendent of the Western Illinois Insane Asylum. The cleansing of the bowels by active catharsis is getting back to the old methods. As Dr. Raymond believes in alkaloidal therapeutics and would scout the suggestion that he is a pretty good homeopathic prescriber in many ways, we simply call the attention of our readers to his use of baptisia, veratrum alb., digitalis and hyoscyamus and let them guess the rest. Here is what he says:

During the past two years I have treated, in round numbers, one hundred and fifty cases of this commonest of common diseases. Though I have treated hardly any two of these cases exactly alike, a general plan of treatment has been closely followed. It is this general plan that I wish particularly to speak of. In approximately 40 per cent. of these cases the disease has run less than the classical three weeks; in about 10 per cent. it has run over three weeks. There were two deaths—one from perforation and one from exhaustion due to toxemia, in the second week. In practically all of the cases the disease has been very much modified by treatment. I say modified, because when the plan of treatment was dropped from some cause the severity of the disease perceptibly increased, only to resume its former mild phase on re-establishing the proper treatment.

The general plan to which I wish especially to call attention is the

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more or less complete disinfection of the alimentary tract. To accomplish this object I have used guaiacol carbonate, salol, and latterly sulphocarbolates. For the past two years I have relied on sulphocarbolates, occasionally combining salol with them, to some advantage, I believe. Either of the two first-named drugs alone does good, but not nearly so constantly as sulphocarbolates.

It is interesting to note the attitude of the skeptics and non-believers in intestinal antisepsis. The burden of their arguments against this mode of procedure seems to be that it is impossible to sterilize the intestinal tract. I have never heard of a believer in intestinal antisepsis who claimed that this could be done. All that is hoped for or expected by the most sanguine, as I understand the subject, is that a more or less complete limitation of the growth of germs in the intestinal tract be attained. It is evident to any observer that such symptoms as high fever, offensive odor, headache, delirium, and the other evidences of toxemia, are not necessarily dependent on the particular kind of disease with which the patient is afflicted, but are common to all forms of toxemia. If the observer is a user of intestinal antisepsis he will confirm his observations by noting that when he has disinfected the intestinal tract these symptoms disappear.

Open your campaign on a typhoid patient by cleansing out the bowels, and then fight it out on that line till he is well. Use a little strychnine throughout the attack. It's good for the patient and you will very rarely have to resort to alcoholics. Use aconitine, veratrine, digitalin, lobelin and baptisin, when you need them. Nitroglycerin will have its uses in occasional cases if you know how to use it.

When ulceration occurs use turpentine. If perforation develops or it looks as if it might, stop all food, use hypoderms of morphine and strychnine, or codeine, hyoscyamine and strychnine to keep down peristalsis; feed by the rectum and empty the bowels by the same route, and watch toxemia develop; and then when your patient is over the danger of perforation institute intestinal antisepsis again, and watch the symptoms of toxemia disappear.

For food—as little as you can get along with. The diets I have used run over a very wide range; meat juices, broths, milk in its various forms, eggs, ice cream, toast, fruit juices, various kinds of puddings, rice, grated raw beef, etc., though I can hardly say that I have ever seen any kind of food do any harm. However, always use as little as you can get along with.

With the intelligent use of intestinal antisepsis you will rarely need any kind of bath except for cleanliness. Cleanse the mouth and teeth frequently throughout the attack, and give plenty of thoroughly boiled

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water at all times, unless perforation threatens. Use enemas of salt solution as often as you can find excuse for it, and your patient will be benefited by it. Keep the bed clean and cool, and the room dark and cool, and quiet; and have somebody to look after these things so that the patient doesn't have anything to bother his head about, and you will have very little trouble with typhoid fever.

Materia Medica and Therapeutic Hints.

Novel Remedy for Neuralgia.—Naegeli announces that he has frequently caused almost immediate cessation of cephalalgia and facial neuralgia, as well as forms of long-continued odontalgia, by simply elevating the larynx, holding it well upward for sixty or seventy seconds. This frequently requires to be repeated several times, but quite as frequently one single attempt will prove successful.—*Public Health Journal.*

The Coffee-Heart.—Medical examiners for life-insurance societies have added the term "coffee heart" to their regular classification of the functional derangements of that organ. Its effect is in shortening the long beat of the heart. Coffee topers, they say, are plentiful, and are as much tied to their cups as the whisky toper. The effect of the coffee upon the heart is more lasting, and consequently worse, than that of liquor.—*Dietetic and Higienic Gazette.*

Drosera in Whooping Cough.—Drosera is indicated in cases where catarrhal symptoms predominate. The child vomits strings of mucus and the paroxysms of cough are violent and frequent. This remedy is never indicated until the disease is well defined and the diagnosis is unquestionable. I only use it when belladonna and hyoscyamus have been used without results or the results are required.—Dr. R. N. Tooker in *North American Journal of Homeopathy.*

Hot Air as a Therapeutic Agent.—Wightman (*New York Med. Jour.*, Aug. 17, 1901) sums up the advantages of hot-air treatment thus:—

Dry heat is a valuable pain reliever, without any of the depressing effects common to drugs.

In connection with constitutional and medicinal treatment, it is a positive curative agent.

It is a stimulant to rapid repair and absorption.

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It is one of the most valuable eliminative agents the physician possesses.

Where indicated, it possesses a sedative action on the nervous system obtainable by no other means.—*Therapeutic Gazette.*

The Use of the Tuning Fork as a Test for Diseases of the Maxillary Antrum.—D. C. Kuyk (*Laryngoscope*, February, 1901) uses the tuning fork, placed against the antrum and first and second molar teeth, in examining the maxillary antrum. If the antra are free and clear, the tuning fork will be heard with equal distinctness and for a like duration over each side and in either location. If one antrum contains fluid, the fork will not be heard so distinctly, and perhaps not at all on that side; but if the opposite antrum is free, the patient quickly answers in the affirmative.

The same test can be employed to determine diseased conditions of other accessory cavities, as well as of the mastoid.—*Albany Medical Annals.*

Gelsemium in Influenza.—Gelsemium seems to be indicated especially in influenza of a neuralgic type; the catarrhal symptoms are little pronounced, but there exists, at the same time as high fever with prostration, a weakness in the limbs and a dull pain in the occiput extending as far as orbits.

It is indicated also when these neuralgic pains persist after the catarrhal symptoms are amended under the influence of proper remedies.

I have seen cures made in a few hours by this remedy, when all the anti-neuralgic remedies of the old school had failed miserably. The 3d dilution has given me the best results; the 6th suffices sometimes with very nervous patients.—*American Medical Monthly.*

White of Egg Lemonade.—Dr. R. W. Leftwich, in *The Edinburgh Medical Journal* for May, speaks very highly of the following preparation as a nutritive drink for febrile and wasting disorders:

Take two lemons, the white of two eggs, one pint of boiling water. loaf sugar to taste.

The lemons must be pealed twice, the yellow rind alone being utilized, while the white layer is rejected. Place the sliced lemon and the yellow peel in a quart jug with, say, two lumps of sugar; pour upon them the boiling water and stir occasionally. When cooled to about the ordinary temperature of tea, strain off the lemons. Now insert an egg whisk, and, when the lemonade is in full agitation, add slowly the white of egg. Continue the whisking for two or three minutes more. While still hot, strain through muslin. Serve when cold.—*Charlotte Medical Journal.*

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Climatic Treatment of Tuberculosis.—To summarize: Climatic treatment is the most important of all remedial measures. Properly selected climates cause many arrests and a considerable percentage of cures. Early diagnosis is essential. Cavity cases are seldom benefited by climatic change, and they should not be sent to high altitude. A rapid, weak heart, erethism and neurasthneia are contraindications for high altitudes. Profuse secretion is a contraindication for humid climates. Climate with high winds are to be avoided. The temperature should be selected in which the patient is most comfortable. The indigent, the rebellious, the nostalgic should not be sent away for climatic treatment. In all cases open air life and competent medical supervision at the place to which the person goes are essential.—*Therapeutic Monthly.*

The Sanguinaria Headache.—These headaches commence in the morning, increase gradually during the forenoon, attaining the climax at noon, then gradnally decrease and pass off at night. During these attacks the patient is obliged to lie down and preserve the utmost quiet; a slight motion is apt to bring on chills, nausea, and perhaps vomiting of food and bile. There is scanty urine during the headache, but a copious flow appears as the attack passes off. Gelsemium also has this last-named condition, as do several other remedies for so-called nervous headaches. In speaking of the periodicity of sanguinaria we do not want to forget that the recurrence frequently appears once a week, and, strangely enough, most frequently appears on Sunday. This condition is not confined to sanguinaria alone, but is found under silicea and sulphur as well.—*New England Med. Gazette.*

The Treatment of Eclampsia.—Howard Parker (*Louisville Monthly Journal of Med. and Surg.*) pins his faith to veratrum viride in the treatment of eclampsia. One of his cases is reported at length. The woman had had five convulsions when he first saw her. Assistance was summoned, chloroform being administered in the meantime to prevent a recurrence of the convulsions, and the woman was delivered at once. In spite of large doses of chloral and potassium bromide and hypodermics of morphine and pilocarpin the fits came on again after delivery and she had a convulsion every half hour until there were eleven. She was then given 20 drops of tincture of veratrum viride and 15 drops more in three-fourths of an hour. The convulsions ceased and there was free enuresis. There was only one more convulsion and that after the use of the veratrum was temporarily suspended. Convalescence was rapid. The urine was loaded with albumin.—*Charlotte Med. Journal.*

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Angina Pectoris.—After reporting five cases, Perkins (Amer. Med.) discusses the general subject, which he considered to be rather a disease entity than group of symptoms. When its diagnosis is only the placing of the individual case under the proper head of true or pseudo angina, it is somewhat difficult, that is, diagnosing organic lesion from toxic hysteria or vasomotor disturbances. In two of his cases he has some question whether the latter condition did not exist. The most important thing in the treatment is to search out the cause of the disease, the cause of the attacks and their relief. The iodid of potassium seems to be the most valuable drug given in moderate doses, 10 to 15 grains three times a day, for a long time. During the attack nitroglycerine is best in many cases, but frequently the only drug that will give relief is morphine, and sometimes a great deal of it. If the pain is not soon controlled by this, to avoid the possibility of its sudden overaction on cessation of pain he would use chloroform or ether.

Diet in Typhoid Fever.—Of equal importance to medication is diet; such diet as will sustain the life of the patient and give the bowels as little work as possible. Milk is the best of anything I have used. Give it frequently, in small amounts, and ice cold if grateful to the patient, varying with broths without grease, and fruit juices. But our patient soon tires of these. He will tolerate milk for a week or ten days, and then the mention of it nauseates. Broths wear out still sooner. When all have given out I have found that ice cream will be gratefully received by the patient longer than any other nourishment, and I have never seen any bad results; but on the contrary it does good, is well borne, and I I have thought at times modified the disease. It should be home-made, that plenty of rich cream and raw eggs be incorporated. Feed in small quantities and often, varying the flavor to suit the patients's taste.—Dr. W. H. Baldwin, of Quincy, Mich., in *Alk. Clinic.*

Hydrastis Canadensis in Ulceration of the Tongue.—U. N., aged 47, a journeyman tailor, had, for three months, on the dorsum of the tongue an oval ulcer an inch long and half an inch broad, not deep, granular in appearance, grey coloured, with a thick yellow secretion. Single fissures towards the edges of the tongue; pricking pains on eating and on movement of the organ; glands not enlarged; no history of syphilis; pressure in the pit of the stomach with sharp darting pains up through the œsophagus; cough with expectoration of yellow-white, tough mucus. Hydratis 1x, gtt. iii. t. d. internally, and a penciling of the ulcer and the fissures with a solution of the matrix tincture in glycerine (1 in 10) morning and evening was the treatment adopted. Cured the ulcer in two months, and with the help of phosphorus 5x, at the close of the case the whole train of symptoms disappeared.—Dr. Oscar Hanson in *Homeopathic World.*

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Hæmoglobinuria Following the Injection of Antipyrin.—MM. Simon and Malieu report the case of a little girl suffering with chorea, who was treated with large doses of antipyrin; she took 9 grammes in four days. At the end of this time the urine became red in color and contained albumen; no red globules were seen under the microscope, but the spectroscope revealed the absorption-bands of hæmoglobin. A little blood was taken from the finger-tip and the serum examined after coagulation had taken place; the serum was red and contained hæmoglobin in solution, and this hæmoglobinæmia persisted after the disappearance of the hæmoglobinuria. At the same time that the hæmoglobin was passing into the urine, some bile pigments, derived apparently, from transformation of part of the hæmoglobin, were found in it. The same authors had also examined the serum of another choreic patient, treated with still larger doses of the same drug. They found hæmoglobin dissolved in the serum although there was no trace of hæmoglobinuria.—(*Bulletin Medical*, November 20, 1901.—J. G. B.

The Treatment of Typhoid Fever with Special Reference to the Use of Water.—G. W. Boot (*St. Paul Medical Journal*) recommends the free use of water by the mouth, by the bath and by enema. Milk is the best diet, because in addition to furnishing all the proximate principles necessary for the nourishment of the body in assimiliable form it furnishes more water than any other form of diet. But plenty of water should be given in addition. In his country practice, where tub baths are out of the question, the author has the patient placed on a rubber sheet, into which he sinks, forming a hollow. A pitcher of water at 80 deg. or 90 deg. F. is poured over him, and the water which accumulates around him is repeatedly soused over him by means of a large sponge, and cold water is constantly added. This reduces the temperature, stimulates respiration, and by change of position prevents hypostatic congestion of the lungs and pneumonia. Purgatives and enemata lessen the amount of infection, carry away the toxins formed in the intestines and eliminated by the bile, remove the toxins eliminated by the intestines, and lessen the local infection by providing drainage for the infected Peyer's patches. They are not contraindicated, but rather indicated, in diarrhea.

Prevention and Cure of Insanity by Removal of Abnormal Pelvic Conditions.—E. Hill (*Amer. Jour. Surg. and Gynec.*) says:

1. Less than 10 per cent. of the female insane have normal pelvic organs.

2. That, in the hands of competent operators, upwards of 20 per cent. of the so-called chronic insane recover their mentality, and 15 per cent. are improved after the removal of the physical disease.

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3. We find that, inasmuch as the pelvic organs are exceptionally exposed to traumatism and infection, they are frequently the seat of disease; and that mental abnormality is more frequently associated with pelvic disease than with diseases of any other locality outside the large nerve centers. If this be the fact, we should ever be on the alert in all cases where there is marked alteration in the mental health of our patients; and while giving due consideration to the whole organism, to make a thorough investigation of the conditions of the pelvic contents; and in so doing we shall frequently be rewarded in finding in the pelvic disease the local irritation resulting in abnormal psychic manifestations. —*Exchanges.*

An Improved Method for Introduction of the Stomach Tube.—Crenshaw (*Medical Record*, Dec. 21, 1901), in order to obviate the serious objection of nausea and much discomfort on the part of the patient, to the use of the stomach tube, advises an effective and entirely safe method.

Two or three inches of the extremity of the tube are frozen just prior to its introduction, to secure slight temporary anesthesia of the fauces and pharynx by means of the cold rubber. In this way, cold is applied exactly where anesthesia is needed, and the irritability is overcome. The tube may be introduced for the first time with practically no gagging, straining, or nausea.

The extremity of the tube may be frozen by a few moments' spraying with ethyl chloride. The tube has been found not to stiffen markedly under the influence of extreme cold, and so no violence from the frozen rubber can occur. By the time the tube reaches the cardia, the low temperature is sufficiently overcome to prevent any danger to the gastric mucosa, though the tube may remain in the stomach some time.

Modifications, such as the use of an ice plug inserted in the end of the tube, have been tried, but the freezing of the extremity of the tube itself has proved most satisfactory.—*Therapeutic Gazette.*

Typhoid Bacilli in the Sputa in Typhoid Fever.—Jehle (*Wilner Klin. Woch.*, March 2, 1902) examined the sputum from twenty-three cases of typhoid fever, and cultures were made from the bronchial secretions in fifteen cases that came to the autopsy. He found that the sputum had a marked hemorrhagic character in the cases complicated by pneumonic infiltration, and that it frequently contained typhoid bacilli, alone or associated with other microbes, especially the influenza bacillus. He also succeeded in determining the presence of typhoid bacilli in the sputum in the cases of clinically and anatomically uncomplicated bronchitis. The importance of this last fact is apparent for the prophylaxis of typhoid fever. One of the cadavers displayed a recent hemorrhagic

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pneumonia, while the typhoid lesions in the intestines had evidently been long healed. Typhoid bacilli were numerous in the sputa. In another, a fatal suppurative cholangeitis had developed after two months of undisturbed convalescence from typhoid fever; pure cultures of typhoid bacilli were derived not only from the biliary abscess but from the lung juice in this case; also from four out of five cases of pronounced pneumonia and in two out of six cases of uncomplicated bronchitis in typhoid fever. The findings in one cadaver suggested that the typhoid hemorrhagic lobular pneumonia and pleuritis were the primary affections, as no lesions were discoverable in the intestines. The mesenteric glands, however, and the intestinal mucosa contained the bacilli in large numbers.—*Jour. A. M. A.*

Pulmonary Tuberculosis.—At least four classes of employment have a tendency to favor the development of tuberculosis:—

1. Sedentary employments in ill-ventilated apartments, typefied by the so-called sweat shops for the manufacture of various articles of clothing.

2. Employments which necessitate the inhalation of irritating dust and noxious vapors, such as those of stonecutters, bleachers, matchmakers, needlemakers, filecutters, grinders, and engravers.

3. Employments which involve overuse or abuse of certain muscles. These are athletes, prize fighters, gymnasts, wrestlers, professional bicycle riders, and ball players, a large proportion of whom die eventually of phthisis.

4. Employments which involve undue familiarity with intoxicants. These are those connected with the manufacture and sale of wine, beer, and various classes of alcoholics.

The principle measures of prevention now recommended are:—

1. The proper disposal of tuberculous sputum.
2. Control of milk and meat supplies.
3. Notification of the Board of Health of all cases of tuberculosis.
4. Sanitaria and hospitals for comsumptives.
5. The prevention of overcrowding, defective ventilation, damp and rain.
6. Healthful occupations, with healthful conditions for carrying them on.
7. Residence in rural districts, with favorable climatic conditions.
8. An abundance of sound and wholesome food.
9. Personal cleanliness and public hygiene.
10. Isolation and disinfection of consumptives.—*J. M. French, Medical Examiner.*

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The Treatment of Recurrent Pleural Effusions by the Injection of Gas.—The injection of gas into the pleural cavity has been recommended by Lemke, of Chicago, in the treatment of pulmonary tuberculosis, and by Potain in the treatment of pneumothorax. Lemke used nitrogen, and Potain used sterilized air. Teissier has employed the injection of gas in cases of tuberculous peritonitis with ascites, preferring sterilized air or nitrogen because oxygen is absorbed too quickly. In January, 1902, Vaquez and Quiserne, (*Gaz. Heb. de Med. et de Chirur.*, May 29, 1902) saw a patient who had had pleurisy with effusion, of tuberculous origin, since May, 1901. During the time of his illness the patient had been tapped twelve times. The authors tapped him the thirteenth time and withdrew about a liter of straw colored fluid. The effusion reappeared in two weeks. They then made another puncture and replaced the fluid withdrawn with about the same amount of sterilized air. The injection of air was followed by a rise of temperature to 40° c, (104°F.) with malaise; but these symptoms soon disappeared, and the patient left the hospital several months later with the signs of pneumothorax still present, but without having had a return of the effusion. The authors describe a second case in their paper, which was treated in the same way, with even better results; for at the end of two weeks the pneumothorax disappeared, and the effusions had shown no signs of returning. They believe the method described is legitimate and efficacious.

In order to carry out the treatment suggested it is necessary to use a trocar attached to a Y-shaped rubber-tube. One of the branches of the tube should communicate with a potain's syphon, whilst the other is furnished at about its middle part with a glass bulb, filled with sterilized cotton. The fluid is first withdrawn, and then air is gently forced into the plural cavity through the sterilized bulb. The authors believe that this method will save the patient suffering from recurrent pleurisy the annoyance of having to undergo paracentesis thoracis at frequent intervals. Teissier is convinced that the injection of gas will cure experimental tuberculosis peritonitis, and when Vaquez and Quiserne reported their results at the Societe Medicale des Hopitaux, he said that it ought to prove of real benefit. One intending to employ the method should be very sure that all his instruments are perfectly sterile.—*Philadelphia Medical Journal.*

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THE MEDICAL VISITOR

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WM. BYFORD TAYLOR, BUSINESS MANAGER.

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[The editor of THE MEDICAL VISITOR is not responsible for any opinion expressed by its contributors. Everyone has a cordial invitation to contribute upon any subject connected with medicine or allied sciences. We believe in a broad medical platform, and the only restriction is that contributors shall be free from all personalities.]

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Editorial.

SAMSON AND DELILAH.

Every reader of THE MEDICAL VISITOR has no doubt read the story of Samson and Delilah, but we question if every reader has made a proper application of the lesson it is designed to convey. The story goes that years ago there was a child born to a Jewish family, a son upon whom the favor of the Lord had fallen, and he possessed marked strength, so great, indeed, that he had naught to fear from his enemies, the Philistines.

Samson was, apparently, a searcher after strange gods and wandered one day with his father to the land occupied by this strong people, the oppressors of his own people, and beholding there a fair damsel of that nationality fell in love with the brown eyes, the olive complexion and the silken hair, and demanded that his father should secure her for his wife. The old man objected strennously, calling the attention of the wayward youth to the beauties of his own people, their lithesome forms, their bewitching eyes, and rose-bud lips, but all to no purpose and finally, as a loving father generally does, he capitulated and obtained the Philistine maiden for Samson.

No harm came to Samson or his people from that. He was still the defender of the faith, still the strong man who stood in the fore of the battle, still the leader against the encroachment of the common enemy. But a darker day was brooding for Israel; Samson in an unguarded moment lost his heart to Delilah, another charmer, who had been induced by her Phillistine friends to inveigle Samson into her domicile and being like most men he fell a victim, willingly, no doubt to Delilah's magnificent charms.

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In other words he became a friend to Delilah and going into her domicile, after deceiving her three times, told her that his great strength lay in the locks of his hair. She cajoled him into sleeping in her lap, and while Samson was there asleep she had his hair cut, his strength departed and the harlot whom Samson loved told her friends of the predicament the strong man was in and then the Philistines came in and put out his eyes. They cast him in prison, where for a long time he remained a prisoner, doing the dirty work for those over whom he was calculated and created to be a master. Finally tiring of this, he was taken into a temple where a great feast was being held—he besought the Lord for a return of his strength just for once, and bending forward he tore the pillars of the palace from their foundation and the building fell, destroying, besides himself, three thousand of his tormentors

But the lesson: Samson would have continued in his glory had he remained true to his people, had he not formed a friendship and an association so intimate with his enemies. History would have told of a greater end of this man of strength, and among the archives of the Jewish people would have been written the name of Samson as one worthy of emulation. He lost his glory, his good name and his strength by consorting with his enemies.

There is another Samson and Delilah today, and these are in the field of medicine. Homeopathy is the Samson that has come into the stronghold of traditional medicine, and by virtue of the undying truth in its contention of the dual action of remedies, has wrought havoc in the field of the Philistines, the old school of medicine. For years they oppressed us on every hand; but amidst the persecution, and revilings and contumely heaped upon the devoted heads of our pioneers, Homeopathy has gone from conquering unto conquering.

During all these hundred years Homeopathy has pressed onward, upward, and forward, until at the end of the nineteenth century she has become recognized by the people as one of the great truths which ranks in importance for the welfare of mankind, with the discovery of the affinity of the needle for the pole.

The Philistines have learned that they cannot kill the young Samson of medicine by abuse and conflict. In a thousand and one hard fought contests Homeopathy has carried its banner to victory, and has never been vanquished by her opponents. The conflict is nearly ended; the long sought for recognition is being given upon every hand, but Delilah Allopath has still another weapon she intends to use, and that is to cajole the Samson into coming into her house and eating of her food and sleeping in her couch.

The county medical societies of the old school, in the state of New

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York, have opened their doors to admit these homeopaths. When one is a member straightway there is published a notice that Dr. So and So has joined a certain county medical society and will now be known only as a physician. Homeopathy is cast out by him, and the opposition that once made him brave and true and a soldier for the right has been put aside for the cup of flattery, he places it to his lips and behold the change that cometh.

He is no longer a homeopath. He has slept in Delilah's lap, he has offered himself on the altar of old medicine, a martyr of cajolery. He has cast old associations aside and sleeps with the mighty of the allopaths. The principles he believed in have been cast aside because the axiom that was uttered long years ago remains a truth today "that no man can serve two masters."

But we want to raise our pen against the danger which encompasses us. It is not open manly conflict that we fear. It is the winsome flattery of a school that possesses numerically a greater number than we. It is our going over in a measure to the old school because of their professed affection for us. It is the opportunity we are offering them to shear our locks and to remove our strength.

No opportunity will be given our men to become great in the allopathic school. They have not met us half way and they will not meet us half way. When the time comes that they seek membership in homeopathic societies, and show by their acts that they see good in homeopathy then the time will be here when we can conscientiously join hands with the old school and erect upon the ruins of the pathies a still greater school of medicine than has yet been, but they are not in sympathy with us; they love us only to destroy; they want the dollars that are going into the pockets of the Homeopaths and they are not going to leave any stone unturned until they have accomplished our destruction, if possible.

Did you ever hear of truth being destroyed? Is there an instance in the history of human existence where truth has not finally overcome all opposition and at the close of the struggle come off the master of all opposition? Then we have nothing to fear. There may be a few Samsons in our school but there are not enough Delilah's in the whole allopathic profession to hoodwink the majority of our members into sleeping in their laps while our strength is taken away from us.

Suppose they finally succeed in accomplishing by pleasanter methods what they have failed to accomplish with all the machinery of state and influence possessed by an old organization. Suppose all homeopaths join their societies and cease to be homeopaths? The result would be that the homeopathic medical departments of the different state universities

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would not be needed and from the campus of these great schools homeopathy would depart because of the weaknesses of the Samsons.

It is no honor to belong to the medical societies of the old school. It is an honor to belong to one or all of our homeopathic medical societies. The former stands for nothing in medicine but empiricism; the latter represents a principle as fixed as any of the immutable laws of nature.

We hope and trust no reader of The Medical Visitor will be a Samson and be led by the bewitching smiles of the Philistine Delilahs into forgetting the truths for which they have stood and the principles which they have contended for in the past years. It may be that some of us are tired of the long conflict, but younger shoulders have come to bear the heat and burden of the day, and it will be easy for us to sit down and encourage the active soldiers in this warfare by our advice and experience.

The great lesson we believe that lies in the story of Samson and Delilah, however, is that friendship formed with our enemies may often prove more injurious than good. Let us let them alone, as long as they let us alone, and not be too willing to enter their camp and be entertained by the same peculiar drinks that brought a lethal condition for so long a period to poor old Rip Van Winkle. If we do we will find after the march of another quarter of a century, that truth has finally triumphed and you, if you have joined the opposition, will possess neither right nor title to the least portion of credit which will be given to those who stand in the ranks without wavering until final victory has perched upon our banners.

A PROBABLE HOME FOR CRIPPLED AND DEFORMED CHILDREN.

It takes busy men to do things. The man who has his hands full is generally like the street car that looks full—room for one more. At a meeting of the Ohio state conference of Charities held in Springfield that state, Dr. C. E. Sawyer, head of the Sawyer Sanatorium at Marion, delivered an address on the "Care and Treatment of Crippled and Deformed Children."

The address was a masterly one, prepared in the thorough manner in which Dr. Sawyer's papers are prepared, and presented to an appreciative audience. At the close of the address a committee was appointed to bring the question before the general assembly of that state and try to secure financial aid for the erection of a home and hospital for these unfortunates.

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If it should happen that this step be taken by Ohio, we hope, for the good of the cause, that Dr. Sawyer will receive the appointment as surgeon and director. He is a busy man, he finds every moment occupied but he would still make time for this work in which he has been so deeply interested for many years, and in which line of surgery he has become a master.

And this brings us to the point we have often brought forth that change is not always progress. It sometimes marks the beginning of decay, of death, of obliteration. Was it Oliver Wendell Holmes who said "I find the most important thing today is not where we are standing but in what direction are we going." We do not remember the author but after all the statement is one worthy of heed.

One of the apparently strongest arguments used in advocating a change in the Homeopathic school is the demand for progress. That which does not progress goes backward, is declared, in clarion tones, from the rostrum of the college, in medical societies and in our journals. Well, in the language of the street, "Wouldn't that jar you?" We never did have much of a hankering after mathematics, and now see the reason why. It has not progressed, it has gone backward, it is an old fossil. Maybe two and two did make four in the benighted years of human existence but since bacteriology and pathology, microscopy and the higher criticism have come to bless us, such a statement don't work. We believe in PROGRESS! Unfortunately, however, for progressive men TRUTH IS UNCHANGEABLE and hence truth is not progressive!! Down with truth !!!

Prof. Loomis says: "Never interfere with the action of a remedy, nor repeat it so long as improvement is going on, but fill up, as may be advisable, with sac. lac. and let the remedy act as long as it will." Now. then, that sounds mighty familiar to us. It reminds one of an old crank by the name of Sam. Hahnemann, if we recall his name correctly, but then it was the vaporing of a medical dreamer, and of course, we being scientific, could not possibly indorse such a plan. But Loomis, let's see. Loomis, O, that's a different thing! Did Loomis make such a statement? Well, if Loomis said such a thing, he being scientific, it must be a good thing to adopt in the practice of medicine, and we will adopt it. Honestly, you fellows that want to wipe out our schools and make one

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a department of the old school and the other something else, are you not ashamed of yourselves? On every hand there are today growing indorsements of Hahnemann's ideas; every day we read of the advanced thinkers of the old school suggesting the administration of remedies upon precisely the same indications that Hahnemann contended for a century since. If one doubts it let him read the symptoms which are given as indicating the use of arsenicum, pulsatilla, bryonia, etc., etc., to the end of the list, in allopathic text-books.

Dr. Martin Frederick, chief of Cleveland, (O.) Board of Health claimed that he stamped out smallpox by rigid sanitation, last spring, and published the results in the *Arena*. The United States Public Health and Marine Hospital reports for the week ending Oct. 4th show that seventy-nine cases and seventeen deaths from smallpox occurred in that city. Dr. Frederick has been opposed to vaccination and so far as we know is still opposed but his "stamping out" does not seem to work. In the city of Chicago when a case of smallpox is discovered, everybody, rich or poor, who have had the remotest opportunity of coming in contact is vaccinated, and the patient removed to the Isolation Hospital and that ends the matter, for no subsequent cases occur. We are only sorry the figures in favor of antitoxin are not as favorable as they are in vaccination. In three months, in Cleveland, there have been 532 cases of smallpox and 73 deaths which makes rather a large number for a city of 300,000 population. The "stamping out" process will have to be done over.

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News Items and Personals.

Dr. G. S. Adams has moved from Westboro, Mass., to Stamford, Conn.

Dr. G. H. Greeley of Syracuse, N. Y., died in August. He was 57 years of age.

Dr. W. H. Hodge of Niagara Falls, N. Y., has recovered from a severe illness.

Dr. Marian E. K. Lee Vey has moved from Cincinnati to Hartwell, a suburb of that city.

Dr. C. J. Kehm, a prominent eclectic physician, has been re-elected health officer of Newport, Ky.

Dr. Sarah M. Siewers of Cincinnati has been elected Treasurer of the Ohio Woman's Suffrage Association.

Dr. Mary E. Minor has moved from Hyde Park, Ohio, to No. 312 McGregor avenue, Mount Auburn, Cincinnati, Ohio.

Dr. J. S. Simson of Tonawanda, N. Y., recently favored a Buffalo paper with an article entitled: "The Follies of Vaccination."

Dr. R. J. Izard has located at Haddenfield, N. J., where he is taking care of the extensive practice of the late Dr. B. H. Shivers.

Dr. Charles B. Morrell, of Hyde Park, O., was recently united in marriage to a handsome society leader of that aristocratic suburb of Cincinnati.

Dr. Ella E. Huntington (Pulte, 1900) has decided to locate in Cincinnati and she now occupies a commodious suite of offices at No. 630 West Eighth street.

Dr. Ralph W. Reed, a bright member of the 1902 class at Pulte Homeopathic College, was so well pleased with Cincinnati that he has decided to locate there. He has a fine suite of offices at No. 106 West Ninth street.

The September number of a "wide-awake" eastern homeopathic journal contains the professional card of the former distinguished eye and ear specialist of Cincinnati, Dr. G. C. McDermott, who died over a year ago.

The Ohio State Board of Health recently canceled the licenses of two Columbus physicians for alleged complicity in a criminal operation which caused the death of a patient about a year ago in that city. Both of the doctors deny the charge. The evidence was circumstantial.

For the first time in several years, what appears to be a case of leprosy was discovered in a patient at Bellevue hospital, New York City. The victim is a Chinaman who has been in the United States several years. He was transferred to North Brother island for isolation and treatment.

During the fall campaign the Buffalo State Hospital had more visitors than it ever had before in its history.

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The visitor's came to investigate a sensational newspaper's charge that patients were being starved to death. The hospital's managers assured them that the patients are properly cared for. Many of the visitors came loaded down with fruits, vegetables and other eatables.

Mr. Robert S. Oliver, our traveling correspondent, visited Cincinnati and suburbs in October, and was pleasantly entertained by the homeopathic and eclectic physicians in that classical locality. He accepted an invitation to attend a meeting of the Cincinnati Homeopathic Lyceum, and an account of the meeting appears in this issue under the heading of "Society Meetings."

What is said by physicians at the Bellevue and New York Post-Graduate hospitals to be the smallest living child ever born has been placed in an incubator at the latter institution. The child, a boy, weighs one pound and seven ounces. His father carried him in a paper bag filled with cotton, and stated that his wife was too ill to care for the child. The doctors placed the infant in an incubator.

Members of a theatrical company during a Cincinnati engagement applied to Health Officer Davis to be vaccinated. They were refused on the ground that they were about to leave the city and vaccination at the time would be no advantage to that city and therefore would not be done at the city's expense. They were referred to private practitioners. This advice was taken, and all of the members of the company were vaccinated.

As the result of a pistol duel at Point Lick, Ky., Dr. E. D. Poyntz died and John C. Siler was dangerously wounded. The doctor received five wounds, while his opponent had three. They quarreled and drew their revolvers about the same time. They were about 15 feet apart and each emptied his revolver. Dr. Poyntz is the son of Dr. L. M. Poyntz, of Richmond, prominent in the organization of the Kentucky Confederate Association.

Messrs. Boericke & Tafel have in press a new work, *Diagnosis*, by Dr. Clarence Bartlett, from whose stenographic notes Farrington's *Clinical Materia Medica* was published and who, later, wrote neurological section of Goodno's *Practice*. When published this new work on medical diagnosis, will constitute one of the largest and certainly the most complete, ever published on that branch of medical science. It will include every important modern diagnostic fact, and will at once place the members of our school beyond the need of referring to the old school text-books on the subject, for they will have the best one in their own ranks. The book will probably run between 1000 and 1100 pages and have a most thorough index. Ready in October.

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Societies.

The Homeopathic Medical Society Of Chicago.

The regular October meeting of of the Chicago Homeopathic Medical Society was called to order by the President, Dr. Mary Elizabeth Hanks. The minutes of the preceding meeting were read and approved.

Dr. Hanks invited the members of the society to bring before the members any serious cases they had in hands, or to give the society any new ideas they had received during the past month or anything of general interest. In response to the invitation

Dr. Sarah M. Hobson.—I had an experience last week, in a case of typhoid fever, which I think is interesting. I had occasion to use the Diazo reaction test using a fresh solution from a local pharmacist; it did not give the reaction. I tried it again, still I did not get it, although I knew I had a clinical case of typhoid fever. So I sent to another pharmacist, a down-town wholesale pharmacy, and then tried the test fluid with the same sample of urine and very promptly obtained the reaction. There is a point, I think, viz., care in getting good drugs and solutions.

The President.—That is a very good point. Sometimes we do not get the reaction because the solutions are not properly prepared. It is a good thing to know where to get correct solutions.

The next will be the regular program of the evening, of which Dr. Sheldon Leavitt is chairman. I spoke to Dr. Leavitt today, knowing that his program had been somewhat disarranged, and he was very glad to have me suggest that we have Miss Marshall, who is doing such good work in physical culture, speak to us. I know this is a surprise to you as well as to Miss Marshall, for she is not fully prepared to speak before a learned body of physicians, but she knows her subject well and I am sure she will tell you in a very few words something of what she is doing. She has done some work for me which has been very satisfactory.

Miss Marshall.—When Dr. Hanks asked me, at noon, if I would come here tonight, unthinkingly I said I would. I did not realize it was a body of physicians I would speak to instead of an ordinary audience; at the same time you will. probably pardon me if I cannot give you a really finished talk, because, as I say, I have made no preparations whatever for coming. Dr. Hanks asked me if I would tell you what I do. I teach the subject of respiration and physical exercise from the standpoint of sick persons only, using respiration as the central idea of my work and building upon it a cer-

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tain series of exercises according to directions of whatever physician may have the case in charge, or, if there is no physician, according to what I feel necessary; noticing that with the majority of people, sick or well, sufficient aeration of the blood is very rare. Comparatively speaking the average person breaths very little.

The second thing I find is that very few people take sufficient exercise. Then, again, I find that the majority of people are not rhythmic enough, have not a sufficient amount of co-ordination between the heart beats and physical exercise. The work which I do, the aim is to bring about, first, aeration, second, rhythm, and third, perfect physical exercise. The common idea, ordinarily speaking, that people do not breathe deeply enough is because they do not breathe abdominally. I find that abdominal breathing is not always deep breathing. Abdominal breathing is deep only in the sense that a small amount of water in the bottom of a deep jar is deep water. Breathing to be deep must necessarily be diaphragmatic and apex, because if you have good apex and diaphragmatic you have abdominal breathing. Therefore, the first effort I make is to obtain better apex breathing, and second, more rhythmic breathing. By rhythmic breathing we control, to a great extent, the heart's action, also the nerves, soothing the nerves and improving the circulation. Very few people, even those who are well, give a sufficient amount of attention to rhythm; in a majority of cases none at all, unless we have something like a band of music, or something with which to mark time. Therefore, after the obtaining of a sufficiently large respiration the next thing I would devote my attention to is rhythm. The subject is really a large one and I do not know what points you would like to know; therefore, I would like to have you ask questions. As I said, I am not at all prepared to speak to so learned a body of people and do not know what would be most interesting for me to tell you.

We made some experiments in the Micheal Reese hospital for the reduction of temperature. In every case tried, I think, the temperature was reduced much more than by the cold bath. In those cases we used resistive exercises of fingers and thumbs, sometimes the forearm, etc. In cases where stupor was present the exercise had to be according to the respiration the patient was using. In cases where there was avidity on the part of the patient to make respiration, I think the results were better. In those cases we gave resistive work from one to two or three, sometimes five minutes. I think the work was given about that length of time. Are there any questions you would like to ask ?

Dr. W. Henry Wilson.—You are referring to cases of typhoid fever?

Miss Marshall.—Yes.

Dr. Wilson.—What about its use in pneumonia ?

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Miss Marshall.—I think it would be difficult to use because respiration is difficult. As I do not go out to teach, and as pneumonia would not come to me I have never treated a case of that kind.

It is nervous cases I usually have, the old and wornout nervous cases who probably have been to a great many physicians. That is the kind of cases physicians do not want, and it is from these I really obtain my living. In those cases I have had very remarkable results. That comes not only from oxygenization of the blood, but from rhythmic action of respiration and from the increased amount of exercise. You know a physician will tell a patient to exercise. The patient will inquire, "What shall I do?" and usually the answer is "Walk." It may be that walking is hard to certain patients, or it may be on account of stormy weather that the patient cannot do this. Therefore, that exercise does not always fill the want. But I do know that if we use rhythmic respiration, I mean respiration and physical action in combination, we can almost always soothe the worst patient. You can overcome hysteria, excepting cases that want to be hysterical, and in those cases the old fashioned methods are better. In all cases of nervous irritability and exhaustion, especially in cases of irritable nervous children, I find that rhythmic respiration combined with suitable exercise quiets the nerves almost at once. You will see marked improvement.

Dr. Wilson.—How do you secure this respiration—by suggestion?

Miss Marshall.—Oral suggestion usually, but I tell them to make certain movements, as drawing the arm towards the shoulder and then returning it, remembering that inhalation is a voluntary action. The exhalation being involuntary, and the return to position and relaxation more or less involuntary, we combine them and so make them easy. In that way I find a majority of people can take a more prolonged and severe exercise than without respiration. I have learned that by having the walking and breathing simultaneously, most patients can walk with less fatigue. I think the great objection to walking is self consciousness; but while thinking of respiration they are not thinking of their condition; this relieves them of self-consciousness and they are not under the constant thought that they cannot do what they are doing.

Dr. M. M. Thompson.—Does your system involve a complete system of exercise, like that of Swoboda, or is it simply for rhythm.

Miss Marshall.—I use a complete system. I think I have studied all of the systems and I select the exercise which I believe is best suited to the patient. Yes, it does involve a complete system, but I am not confined to any particular one of them, because I feel that there is no class of people similarly constituted and the exercise must be modified or exaggerated to suit the conditions.

Dr. Sarah M. Hobson.—What

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exercise would you give in passive congestion?

Miss Marshall.—I should only give mild exercises, trying to insist upon lateral breathing and I should do those exercises in a semi-reclining position.

Dr. Hobson.—How young do you treat patients?

Miss Marshall.—I have had infants from three months up. Ordinarily I do not have such young pupils because I do not go out for lessons. I prefer to take children from two years on.

Dr. Hobson.—Have you treated cases of chorea without remedies?

Miss Marshall.—Yes, but I do not recommend it. I have a case of chorea whose mother told me, with conscious pride, that he had Saint Vitus dance five times. I had this feeling to contend with. I do not think it was solely the exercise I gave him, but as much depended upon the advice I gave the mother. I insisted on her having him out of doors, and not to feel that every boy who could not do what he was doing was really a fraud. I had to work quite hard to impress that thought, but it was removed by great effort on the part of the child; the diet and hygiene of life very much improved, regular exercises, regular bedtime, etc., and the boy finally recovered. I have learned since that the child has had an attack of inflammatory rheumatism. At the end of the attack he was suffering more or less with the old trouble. I believe they gave him no remedies, for his parents are verging on Christian Science if I am not mistaken.

The President.—Dr. Leavitt will now take charge of the meeting.

Dr. Sheldon Leavitt.—Our friend, Dr. Foster, was to have preceded me this evening with a paper in which he takes the ground that we, as Homeopaths, will be obliged to change our base. But, unfortunately, he is unable to be present; and, I understand, has not his paper ready. I wish to say, in his behalf, since he is not given to such lapses, that he, like myself, was not aware of the date of this meeting. I, myself, was indefinitely advised, a couple of months since, by the president of this society, that I should be expected to take charge of the October meeting; but at just what time in October the meeting was to be held I had no knowledge, and had been waiting for a program, or some other notice, but had received none up to five o'clock this evening. At that time, Dr. Hanks, our President, called me up on the 'phone to advise me that Dr. Foster could not come to the meeting, and did not have his paper ready. I was much surprised to learn that this was the evening of the meeting. It was only when I returned home this evening, at seven o'clock, that I found my notice. I am not making any complaint of our worthy secretary, but it appears to me that we should get out our notices early so that participants may have ample time for preparation. Fortunately,

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my own paper was partly prepared, and I hastily completed it within the few minutes I had before starting.

I am very sorry that Dr. Foster is unable to be present. I thought his paper, and the discussion of it, would occupy the major part of the evening; and that what I had to offer would be supplementary. Now, to my consternation, I am thrust forward as the only essayist of the evening. I hope we shall have Dr. Foster's paper at a later period, as the subject he proposes to discuss is a very important one, and I am sure there is no one better able to treat it than he.

Dr. Hanks.—I am glad to inform you that Dr. Foster has promised his paper at a later date if there should be an opportunity to present it.

Dr. Leavitt.—I am sure that none of you have any idea as to the character of my paper from the title given in the notices. I meant that it should be so; and I think very likely I have succeeded in confusing you.

I have a great deal of faith in other than drug means of cure. For example I have much faith in the character of treatment which Miss Marshall has called to our attention this evening. But I must say that I should attribute the effect of her treatment to different causes from those mentioned by her. I have found in my treatment of nervous cases that the most important thing of all is to insist that the patient become more or less self-disciplined. Self control is worth more than anything else, and since I have brought that thought prominently into my work I have succeeded beyond all former experience. I insist that my patients shall go through some kind of a course of self training. That is what they need. The breathing exercise mentioned by Miss Marshall is fine; and, if the instructor will insist upon having the directions carried out to the letter, it is bound to do much good. Some years ago I had a personal experience in the matter of deep breathing. I went through a regular course for the good I believed it would do me, and I must say that I felt the benefit of the practice. I believe, however, that the exercises associated with it, since they developed the muscles, had very much to do with the favorable results. I took the course, not because I was ill—I felt well—but I believed it to be good self discipline, —just the schooling I am satisfied many of us need.

With these preliminary remarks I want to offer this paper not perhaps with the points so clearly made as you would like, but nevertheless, some that you will be able to recognize and, I trust, remember. I do not expect many of you will agree with me. I delight in a good discussion. (See original articles).

DISCUSSION.

Dr. H. P. Skiles.—This subject is a very interesting one to me. I have

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made some little study of mind and matter and as yet I know but little about them. But I cannot believe with the essayist that the mind controls the body entirely, nor neither can I believe that the mind makes the body. I cannot believe if the mind is sick that the body follows along in that condition and remains sick under all circumstances. I believe if the body is well the mind will be well. I realize that the body is inferior to the mind, but I recognize the fact that the body is the basis upon which the mind acts and from which it receives its nourishment. If we have a mind that is diseased, if we have an aberation of the mind, the trouble is with the body and not with the mind. In fact it seems to me an impossibility to think of the mind outside of the body—it is something you cannot conceive. We have had quoted from the Bible this evening certain thoughts, and from the Bible we get some of the greatest truths possessed by humanity and I want to quote one which is as forceful as the one quoted by Prof. Leavitt. We are assured that "we cannot add by thinking one cubit to our stature," we can add nothing. If this is true the effect of the mind upon the body is certainly small. I do not know positively but it seems to me so. If the mind is deranged you cannot control that mind unless you correct the body because the mind is dependent upon the body for nourishment and sustenance, so it appears to me.

Dr. Edwards, of Evanston.—I do not know as I have any right to speak here, as I am not a member of the society, but about five o'clock I received an invitation from the secretary to come here. I came for three or four reasons, first of all I respect the medical profession, second, I love truth, third, I despise dishonest physicians, and fourth, I have a very cordial acquaintance with Dr. R. N. Fostor and I desired to hear his paper. I am somewhat disappointed in his being unable to be here tonight. I did not come here with any anticipation of saying anything upon the subject but it has turned somewhat differently from what I expected. I supposed it would be a discussion of Homeopathy and whether Homeopathy was the whole thing or only a part. To me Hahnemann and his theory of medicine was only a wave upon the sea of medical practice toward the recognition of that silent, automatic vital force, the *vis medicatrix naturae.* Now we are down to Dr. Leavitt's paper and the whole essense of it is but recognition of this silent, automatic force, which works for the good of the body, the *vis medicatrix naturae.* In other words, we are again asking ourselves the unanswered question, What is life? Is life existent in material things or is it non-existent in material things? Is life material or is life spiritual? The gentleman who has just spoken said that the mind is nourished by the body; is that true or is it not true? Is it a

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mere belief, or is it a fact? There is a vast difference between a fact and belief. Personally, I do not know whether I believe that mind is all or not. I have studied homeopathy in the Chicago Homeopathic Medical College; I have studied allopathy in Rush Medical College and in a few weeks I leave for Vienna to take up the study of pathology and surgery and also to make a visit to the grave of Hahnemann. I am wondering now what thoughts will come to me as I view that grave for the first time, and what thought I will take with me, but I believe I shall take the thought of a greater than Hahnemann who said, "know the truth and the truth shall make you free." I personally believe that Hahnemann was a great man but I believe that Laenac was a greater; I believe that Hahnemann's influence upon the world was good but I believe a knowlege of pathology is greater good.

I wish to discuss Dr. Leavitt's paper but briefly. I believe he has been truthful in his statements of what he believes to be true, and that is something refreshing nowadays. I do not wish to take up too much of your time, but I have a leaning towards the belief that when the shadows have departed, we will come to realize that there is no life in matter but that all is infinite mind. Not being a professor in a medical college, I am not called in consultation, and not being over busy I have some little time for poetry, and I recall now a short verse, called belief, which seems appropriate to this paper.

"Faith, hope and reason change, belief is shifting as the sands
But love is steadier than a star, its light shines on beyond the bar,
O mind of man, awake! forsake your father's fears,
For growth is the test of life, and love is the end of years."

Dr. M. M. Thompson.—Mr. Chairman, I did not want to speak on this subject this evening but I am intensely interested in the thoughts thrown out by the paper from a practitioner's standpoint. When we received a telegram that our little child was drowned, my wife's face blanched, the color departed therefrom and all the functions of the body ceased; and when we attended a wedding where the bridegroom-to-be did not come, the bride to-be was taken with a violent diarrhea; when away from home we learned that our sanitarium had burned, my wife's and my own digestion was affected. It is evident to every careful observer that the objective mind has a wonderful influence over the subjective mind, and thus affects the body. If a single thought will make me blush, or start my heart to beating in measures so fast that I cannot get my breath then I believe with Dr. Leavitt that the mind does affect the body. I believe that a healthy state of the mind, without worry, with a good bank account, will increase the circulation, will aid in assimilation, increase digestion and add to our bodily weight. When

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these conditions are reversed, then we grow pale and thin like the old maid. This is a question, so easy for us to decide, that the laity accepts it without a doubt, that the subjective mind which makes the heart beat, which controls respiration, which watches over all the processes of the bodily functions, while the other mind sleeps, can produce healthful vigorous conditions. The point I wish to emphasize is that the physician can help the patient by using suggestion, and especially in such a case as referred to by Dr. Skiles where the mind is already diseased, and by these suggestions start the subjective mind to performing its work in restoring the body to health.

Dr. Leavitt said when the objective mind is in a passive state then the subjective mind is open to influences by pathological conditions; that, if in that condition, other conditions are brought to bear upon that subjective mind in a proper manner then healthful conditions will ensue and will obtain. Now, if you can put a patient in a passive state, in a relaxed condition, then rythmic thought is given, and I am not stating anything original, you will carry that thought back to the objective mind, and a vigorous, healthful impression will be taken up by the subjective mind. The first thing I try to impress upon them is that they are better, better, better, better, and so on, and when impression is fully grounded the subjective mind will go on making the body better. I had in my buggy the other day a morphine habitue. She had been telling me how bad she felt, how everything was going worse and worse, and I said to her, "Madam, stop, or I shall put you out of the buggy, you must talk of better things, of being better." It matters not whether you are giving your patient nux vomica, hepar sulphur, or whatever remedy, you give it with the thought that your patient will be better, better.

Dr. Mary Elizabeth Hanks.—I am afraid that things are going too much one way, and as I am naturally a little contrary I shall take exception to some of the statements made here this evening. I remember the very first patient I ever had in my life. To begin with I was raised an allopath and had no early belief or training in the efficacy of homeopathic remedies. It was to me a clear case for bryonia. The woman was in bed and I wanted to give something. I had never given a dose of homeopathic medicine before and I gave it with fear and doubt. I went back the next day expecting to find a fully developed case of pneumonia, but instead I found the woman washing. She said, "Doctor, I never had anything which seemed to do so much as what you gave me." Do you believe for a moment that I credit my belief in the power of that dose of medicine to cure the woman had a thing to do with its action in that case? I had no such belief, in fact I gave it with a grave doubt in my

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mind as as its being efficacious at all, and was happily surprised to find the next day such good results. It was a brilliant cure and I have never been able to equal it. To this day I have wondered if it was an accident, but I believe it was the result of the perfectly indicated remedy.

Now, in regard to the efficacy of suggestion none of us doubt in some cases. As an adjuvant in some cases and in certain types of patient it no doubt will do more for the patient than bryonia, but we must still remember that most of our brilliant cures have been in babies, and no one will contend that it is the power of the subconscious mind in such patients that does the cure. I think there is no doubt but that many of us recognize the value of suggestion in the treatment of cases but I do protest against the claim that most of our cures are simply due to faith, because I know that it is not true. Now I have a very dear friend who is a devoted christian scientist, another who is a strong Dowieite, and I have some very good friends who are converted to some other forms of the psychic treatment. I have made this standing offer, and if Dr. Leavitt can show me a case I shall be very grateful: When you can show me a case of undoubted diagnosis tuberculosis, when you can produce a case of genuine cancer, not carbuncle, of undoubted diagnosis, an unquestioned case of caries of the bone that is being cured by christian science treatment, mental healing, or any of these things, I shall be very glad to see them and shall cease my doubting. Now I have supposed that God does not do things by halves. I do not believe that God stops at tuberculosis or any of these little pathological conditions and I cannot help believing that those patients who are helped by these means are cases of nervous irritability and that there exists in them no real pathological state.

As a close to this discussion I wish again to repeat, if anyone has a case of cancer that is being cured by suggestion or through influence upon the subconscious mind I would certainly feel grateful for the privilege of seeing such a case.

Dr. Wilson A. Smith.—I feel a good deal as Dr. Hanks does in regard to these questions. I was raised an allopath, and had I remained in that faith I would have been at the present time the successor of an uncle in a large practice in the city of Washington, and a change to the study of Homeopathy has cost me more than it has likely cost any of you. When I hear these papers read, and listen to a discussion, such as has followed this evening, I confess that it sort of rattles me. I do believe there is something in the presence of a cheerful man that helps everyone who comes in contact with him and I know that a man with a bad digestion and a sluggish liver is a mighty mean man to have around. But take a case of a baby suffering with cholera infantum, stools pro-

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fuse, gushing out like water from a hydrant, the child seemingly exhausted after each stool, I do not believe that if I drop a few drops of croton tiglii 30 in a half glass of water and direct the mother to give a teaspoonful of medicine every half hour for a few doses and then stop it until I come again, that there is the slightest hint in such directions where suggestion can be used or where it can be credited as being the means of cure. Yet I have seen curative results follow such directions time after time.

I certainly am of the opinion so forcibly expressed by Dr. Hanks. I live in a village where we have christian scientists, may the Lord forgive the misnomer, and I have told them when they cure an old lady of opaque lens, who lives next door to me, I will burn up my medicines, take down my shingle, and go to shouting for their ideas. This offer was made several years since, and while they have held meetings galore, had readings without number, yet the shadow of darkness still hovers over the poor old woman. They say that outside influences are working against them in this particular case. Why do these outside influences work against them in one case and fail in another? Why do these outside influences choose to spend their fury upon one poor woman and let others alone? Do you know? Is it not because of the fact that suggestive therapeutics never have, and never will cure a condition where there are pathological changes?

And now to Dr. Leavitt's paper; a quotation was given from the Bible and I want to impress upon you some of the same truths. The Essayist quoted "according to your faith be it unto you," but let me tell you of some of the cures wrought by Christ. You remember the one who was sick in bed and was ordered by the healer to arise, take up his bed and walk, and he did immediately as he was told. You recall the case of the man whose eyes were blind and Jesus mixed a little clay, rubbed it on his eyes, directed the sufferer to go wash in the pool, the directions were obeyed and behold the man saw at once. Did the man sick in bed hang about for months recuperating? Did the man with the blind eyes have to wait for a period of time before the scales were removed? No! We are told the cures followed immediately.

In some things I agree in my belief with Dowie; I believe that God is the same, yesterday, today and tomorrow, and if he cured those people nineteen hundred years ago instantaneously, the cures His cures today would be just as speedy.

Another thing, when they talk about a healthy mind always being the evidence of a healthy body, and vice versa, let me say that history does not bear out such statements. Read about Alexander H. Stephens, of Georgia. He was so feeble that he had to employ a servant to wheel

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him around from place to place and yet when he represented his state in the United States Senate he often held that body spell-bound with the logic of his utterances and the mastery of his rhetoric. Is a record like that made by Alexander H. Stephens prima facie evidence of a diseased mind? If so, I believe it would be a good thing if more of us had diseased minds and diseased bodies.

Dr. C. E. Fisher.—I am moved to speak, yet after so much eloquence I have a good deal of hesitancy about saying a word. There seems to be something peculiarly appropriate in the title of Dr. Foster's paper which was to have been read tonight, "The Necessity of a Change of Base in the Homeopathic School of Medicine." It seems to me the change of base, and the only change I would suggest, is for us to get down on earth, where we belong, or we will find ourselves in a more complete eclipse than the moon is tonight. These psychic questions are fine—so are astronomy, astrology and physics; but when we get down to the relation of homeopathic materia medica to the practice of medicine, or the basis upon which we prescribe, we are belittling our own attitude and making ourselves misunderstood before the profession, and also the world at large, by dwelling too much on these psychic questions.

Dr. Thompson declared in his discussion of Dr. Leavitt's paper that if one had a good bank account he would increase in weight. I never was so poor financially in my life as I am at the present time and I never have been so stout. There is no relationship, whatever, between my avoirdupois and my dollars! Nor is there the least relationship between the question of faith on the part of the patient and physician and drug action.

When Samuel Hahnemann and his confreres undertook to introduce homeopathy there was not a man, woman or child in the world who had the least shadow of faith, or the slightest confidence in it; they waded through a mass of ignorance, of unreasoning prejudice, and cured as they went. The worst case of colic I ever remember of curing was cured with one dose of colocynth 30th, and the patient was a poor old mule in the street. Tell me that mule had faith!

Two weeks ago I treated a case of malignant diphtheria involving the whole faucial membrane. I gave the patient lachesis 10000th, followed three days later with arsenicum. I had no faith in the treatment; it was purely experimental on my part. The man did not know anything about my system of medicine, yet I have never had a better result. The patient was an old school patron and he employed me from necessity. He told me frankly that he did not believe in homeopathic treatment. In a case of this kind will you tell me where faith comes in as a curative measure?

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Now there can be no question whatever, but it is eminently proper for medical bodies to study these things, and there is no doubt in my mind that we are hurting ourselves as a profession, a good deal before the people, in so doing, by being very largely misunderstood. Because it is already asserted by members of the old school that homeopathy is simply a system of faith cure. It is this in no sense. There is an ability on the part of remedies to cure symptoms which have been learned, by careful experimentation on healthy human beings that our drugs will produce. It is the demonstration of the utility of a remedy, by virtue of its affinity for tissues and organs, which makes Homeopathy an art, and you can cure an unconscious man in typhoid fever, a child in convulsions, not old enough to do its own thinking, or a woman in puerperal eclampsia as readily as a conscious and believing individual. Many of my best results have been secured when I have not been absolutely certain that I had the right remedy; many of my failures, absolute, disgraceful, deplorable, disastrous, have been when I had the utmost confidence in the prescription. Then I would grope along with one remedy after another until finally, in doubt and despair, I would give the remedy and the patient would recover. In the light of facts like these it seems to me that we have a field, ladies and gentleman, of our own to work in.

What is the matter with our profession today that we should even be considering the necessity for a change of base? Homeopathy is based upon immutable laws, and laws do not change with the whims of humanity! One reason is because we are getting away, as in the matter of phychic influences, from the milk in our own particular cocoanut.

Dr. Thompson.—May I say another word, Mr. Chairman? I am glad to see a man of straw knocked down, that is all right, but it is a more difficult matter to knock down a man of flesh and bones; these disputants have been making a man of straw and then knocking him down again. Now, it is hard for Dr. Leavitt to write an article for the *Tribune* upon this subject and not be misunderstood, and it is equally hard for me to say what I think upon the question of psychic healing, and be called a Christian Scientist or a Dowieite. What I had to say had nothing to do with the treatment of a mule, as mentioned by Dr. Fisher, and has nothing to do with the question of the unconscious mind. So far as I know I am not a mule doctor. I have read of people who proved their doctrines by curing horses and dogs and cats by nux vomica and other remedies. Nux vomica is a good remedy for many derangements if it is indicated, but if it is not indicated I do not believe it would have any more influence upon a case than would Dr. Fisher's one-thousandth of lachesis

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or arsenicum. In other words, you must select your case, in which suggestion will be of benefit and then you can get good results. It is not applicable in every case nor in every condition.

Dr. Mary A. Seymour.—Mr. Chairman, some twelve or fourteen years ago, when christian science first began to be prominent, my patients often inquired, "What is this christian science, is it so much better than Homeopathy? I said I do not know, but with my first leisure time I will investigate. I was then living seventy-five miles in the country, and the first opportunity I came to the city and took a course of lectures under the best christian science instructors, hoping that if there was anything in it I would be better able to do good. I gave it very careful attention. I spent six weeks studying from morning until night, to find out what was in it. After my trouble and study I must admit that there is much in christian science for all of us, and that is to learn to control ourselves and our patients. We must get the absolute control of these chronic patients, especially, before we can hope to cure them, and that is where we secure the effect of the mind in the treatment of our cases. The first case I had after my course of study was an old lady with an enlarged liver. I could not get the confidence of the family, and one day I said to her, "I will withdraw from the case; I do not care to doctor you if you cannot have perfect confidence in my methods, my visits shall end." She sat and looked at me, and I watched her earnestly, my mind being very intensely occupied by the thought that she must give me her whole confidence, when she declared that she would live or die under my care. I told her then that I would cure her, and in a few months she was perfectly well. This cure was accomplished by the means of homeopathic remedies, and my success made her a good homeopath.

I had another lady who was said to be dying of tuberculosis. Her family physician had given her but three weeks longer to live and some of her friends who were also friends of mine, wanted that I should take charge of the case. Her old physician felt hurt at the change and one day when I had her out riding in my cutter we saw her former physician. She turned to me and told me that her former doctor told her she would live but a few weeks and I declared to her that if such was the case I did not care to have her die on my hands; that I would not treat her any longer, but she implored me to stay with her and that if she must die she would rather die under my treatment. She felt that I might help her. She finally recovered, but I believe the hopefulness of her mental state had as much to do with her building up as any remedy I gave her although I think remedial measures are necessary in every case.

Dr. Sheldon Leavitt.—With your permission I will bring this discus-

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sion to a close. The speakers have discussed everything but the paper, from moonshine down to the crudest drug. One thing I am thankful for in this matter is, that if I have been more or less in the clouds, my friend Fisher has been there too; and since he intimates that Dr. Thompson and myself have been away up, and I contend that he has, it would be a splendid place and an excellent opportunity for a match game on a small scale.

Now were I to speak my mind plainly as Dr. Fisher has spoken his, and expressed my thoughts as he has expressed his, I should say that my experience in the practice of medicine, of which I have had at least a little, leads me to feel that, were I to have a choice between a mere novice in the practice of medicine who has a knowledge of what we term psychic influence, and one who lacks a knowledge of the latter and its effect for good upon diseased minds and bodies, but has faith in only the fairly high potencies which my friend Fisher would use. and knows every indication for them, I should say, give me the former.

In reference to what Dr. Hanks said there is but little to be said in reply. "Now look here," she said, "when you show me a case of genuine tuberculosis, or an undoubted case of carcinoma that has been cured, or is being cured, by these methods, then I will begin to have confidence." My friends, is not that the same old argument we have been listening to all these past years? Have not members of the old school, times without number, declared that when we could show them a case of genuine tuberculosis or one of genuine carcinoma, that has been cured, or is being cured, by homeopathy, then they would take a back seat?

One of the great difficulties which lie in the pathway of a favorable consideration of such a subject as has been presented to you this evening is found in the fact that so many, like the Dowieites, run off at a tangent, declaring that if a thing is good for anything it is good for everything. We have made no such a claim in the paper presented to you, having considered mental suggestion as an an adjuvant only, nothing more. I believe most heartily in the efficacy of the well indicated homeopathic remedy; I believe it is the best thing we have in the treatment of the sick—the best single thing—but it is not the only remedial means we possess for the treatment of disease, nor the only thing that will cure.

Dr. Ingersoll.—Why did you not say that about the homeopathic remedy before?

Dr. Leavitt.—My paper was upon the subject of psychic influence. When I am discussing amputation of the uterus I do not describe the technique for amputation of the leg. This is a very important question, it seems to me, and one worthy of earnest consideration by every physician, no matter what general method of practice he follows; and

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we are doing ourselves harm, in my humble opinion,— much harm, in our attempt to ignore it.

Cincinnati Homeopathic Lyceum.

The October meeting of the Cincinnati Homeopathic Lyceum was held Wednesday evening, Oct. 8, at Pulte Medical College, corner of Seventh and Mound streets, Cincinnati, O.

The meeting was well attended, interesting papers were read and discussed and important business matters were considered and disposed of.

Dr. C. A. Pauly, the president of the organization, made a brief and appropriate address, in which he stated that he was well pleased with the interest already manifested in the work of the autumn meetings of the society. He hoped the organization's membership would be increased until every homeopathic practitioner in Cincinnati and suburbs would be enrolled on the list of members, which could certainly be done during the winter, as there are very few eligible doctors who are not already members of the society.

The first paper of the evening was supplied by Dr. A. L. McCormick, his subject being "The Physiological Factor in Diagnosis." His paper was interesting and his subject was treated in an able manner. At the conclusion of Dr. McCormick's paper there was a brief discussion on the subject. Several prominent members of the society testified that as a result of observations made in actual practice they were fully convinced of the wisdom of not overlooking the physiological factor of diagnosis.

Dr. W. A. Geohegan then favored the brilliant assemblage of physicians with an excellent and carefully prepared paper. "Neurasthenia" was the topic of Dr. Geohegan's interesting article, and he certainly treated that important subject in a profound and entertaining manner. His paper was listened to attentively.

In it he called attention to the necessity of making a careful diagnosis in each suspected case of neurasthenia. He cautioned his listeners against a too hasty diagnosis, and he wisely called attention to the fact that neurasthenia is frequently accompanied by other troubles, which must be carefully diagnosed and appropriately treated.

He emphasized the necessity of regulating the diet of the patient and insisting that his food should be of a nutritious kind and not taken in too large quantities. The importance of a reasonable amount of outdoor exercise was also referred to by Dr. Geohegan in his excellent paper, but the patient must not be allowed to take too much exercise at one time. A thorough and constant ventilation of sleeping apartments was also desirable. In many cases the patients are benefited by a change of scene, a trip across the water, or a journey to the mountains.

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Regarding the appropriate medical treatment of neurasthenia, the doctor stated that it was necessary to make a careful examination in each individual case, and then the physician should study the various symptoms and select the indicated remedy for that particular case. Choosing the proper medicine to be given was of special importance, while the determination of which potency to use was a secondary consideration. We regret that we have not more space to give to the doctor's profound and convincing statements. From every possible standpoint he referred to the appropriate treatment of neurasthenia. The conclusion of Dr. Geohegan's excellent paper was followed by a hearty round of applause from the members of the society and visitors present.

President Pauly asked if any one desired to discuss the interesting subject of Dr. Geohegan's paper. Dr. J. D. Buck said he considered correct diagnosis, regulation of diet, and a proper amount of exercise to be the principal points to be considered in the successful treatment of neurasthenia. He desired to call attention to the fact that patients suffering from that trouble are almost invariably addicted to the habit of drinking large quantities of ice water, beer, soda water, ice cold lemonade, or frigid drinks of some kinds, alcocholic or otherwise. He urged his listeners to caution their patients from drinking ice-cold beverages of any sort, as all such liquids are contraindicated in neurasthenia.

Dr. C. D. Crank stated that he had observed that exacting domestic cares and excessive worrying over business matters are often the causes of neurasthenia, and such patients are invariably benefited and nearly always cured by a change of scenery and a prolonged vacation.

Dr. Lincoln Phillips stated that he had observed among patients suffering from neurasthenia that there was a marked tendency to disobey the physician's instructions, particularly as regards overfeeding and a wise selection of the proper kind of food. He had also observed that neurasthenia was frequently accompanied by some gastro-intestinal troubles and by a careful selection and administration of the indicated remedy for the gastric disturbance the patient would be promptly benefited and eventually cured, while the symptoms of neurasthenia would frequently disappear when the gastro-intestinal trouble was relieved.

Dr. S. R. Geiser and Dr. C. E. Walton also spoke briefly on the subject which had been so admirably treated in Dr. Geohegan's excellent paper.

Dr. Pauly announced that the Clinical Department would proceed to report some recent interesting cases.

Dr. F. W. Fishbach of Newport, Ky., then related a singular case of cerebro-spinal meningitis which he

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had recently treated. The case was an obstinate and complicated one.

Dr. Fishbach's report was briefly commented on by Dr. J. D. Buck, Dr. H. H. Wiggers and Dr. L. D. Meader.

Dr. Henry Snow of Norwood reported two interesting cases of neurasthenia which he had recently treated in his practice.

His remarks were briefly followed by questions and comments by Dr. P. T. Kilgour of College Hill and Dr. J. D. Buck of Cincinnati.

Several suburban doctors then obtained permission to retire in order to catch the last car home and avoid curtain lectures from their better halves.

Before the meeting closed for the evening Dr. L. D. Meader exhibited some excellent slides, illustrating certain cardiac pathological conditions. He described each slide in an eloquent and entertaining manner, and by the aid of a high power stereopticon his illustrations were focused plainly, and his remarks describing each separate pathological condition clearly demonstrated that he had carefully studied the subject he was illustrating and explaining. Dr. Meader is certainly an expert in the preparation and exhibition of slides illustrating important pathological conditions, and his efforts were fully appreciated by the doctors who were so fortunate as to be able to wait until he had finished his illustrated lecture.

Prominent among the visitors at the meeting was Dr. J. W. Overpeck of Hamilton, O. Dr. Overpeck said at the close of the meeting that he was well pleased with his visit to Cincinnati in general, and to the homeopathic lyceum's meeting in particular. President Pauley said he was glad to see Dr. Overpeck, and invited him to attend future meetings when convenient to do so.

The surrounding towns sent a strong delegation to the meeting, among those present from the suburbs being Dr. J. A. Davis and Dr. W. F. Reilly, Covington, Ky.; Dr. F. W. Fishbach, president of the board of health of Newport, Ky.; Dr. Henry Snow, Norwood, O., and Dr. P. T. Kilgour, College Hill, O.

Among the numerous Cincinnati physicians attending the meeting our correspondent had the pleasure of noticing Dr. C. A. Pauly, President of the organization; Dr. Mary E. Minor, the society's Vice-President; Dr. Laura C. Brickley, Dr. Ella G. Hunt, Dr. Ida C. McCormick, Dr. C. R. Buck, Dr. J. D. Buck, Dr. C. D. Crank, Dr. A. M. Countryman, Dr. C. E. Geiser, Dr. S. R. Geiser, Dr. W. A. Geohegan, Dr. A. L. McCormick, Dr. C. C. Meade, Dr. L. D. Meader, Dr. Lincoln Phillips, Dr. Ralph W. Reed, Dr. Robert G. Reed, Dr. T. M. Stewart, Dr. J. P. Throenle, Dr. C. E. Walton, Dr. E. S. Wiggers, Dr. H. H. Wiggers, and Dr. Charles Zurmuhlen.

The next regular meeting of this flourishing organization will be held at Pulte Medical College on Wed-

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nesday evening, Nov. 12, for which occasion another specially interesting program has been arranged by the energetic members of the program committee, which is composed of Dr. P. T. Kilgour of College Hill, Dr. J. A. Davis of Covington, and Dr. I. C. McCormick of Cincinnati. Interesting subjects for discussion will be presented at that session, and it is expected that considerable important business matters will be acted upon, and therefore the executive committee is desirous of having a large attendance at the meeting. All homeopathic physicians visiting the city are cordially invited to attend the meetings of this excellent medical organization, whose monthly meetings are scheduled for the second Wednesday evening of each month. R. S. O.

Correspondence.

A Correction.

Editor of the MEDICAL VISITOR:

SIR:—Among the "News Items and Personals" of the October number of the MEDICAL VISITOR is one that is so grossly libelous that I must ask you in fairness to give space for this reply. The item in question reads:

"Gov. Stone, of Pennsylvania, gives as his reason, so our correspondent states, that he did not reappoint the homeopathic member of the board because of the opposition to the latter by members of his own school. The young men who desired to go into the homeopathic pharmacy business in that state felt they had been mistreated, and used their influence to prevent the appointment, which seemed powerful enough to obtain their wishes."

As I am the homeopathic member of the board whom Governor Stone refused to re-appoint, your unknown correspondent, in substance, charges me with having used my official position for the purpose of choking off competitors by "mistreating" "young men who desired to go into the homeopathic pharmacy business," or rather, he makes Governor Stone say so. The truth is, as every one conversant with the matter knows, that Governor Stone was actuated by political motives only; he does not believe in homeopathy and did not see the need of the homeopaths being represented on the board, so to oblige a certain congressman, he appointed an old school druggist to the place that belonged to the homeopaths. Furthermore, I do not for one moment believe that Governor Stone ever said what your correspondent reports him having said, or that your correspondent ever had an interview with him on the subject. As for the statement

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that there was "opposition" "by members of his own school," it is a palpable falsehood, for fully three-fourths of the Pennsylvania homeopathic physicians personally wrote to the governor urging the reappointment.

Another point that shows the malignant falsity of your correspondent is the fact that no homeopathic candidate was ever rejected; some of them failed to pass on first examination because they could not answer the required number of questions but on subsequent examinations, when they could reach the requirements of the Board, they were passed. As for these "young men", (mythical I am firmly convinced) who were "mistreated", who are they, where are they and when were they "mistreated"? If your correspondent has any rag of decency let him come out under his own name and give the profession the facts, if he has any. If he does not do this he is a contemptible back biter unworthy of the consideration of gentlemen. Not only has he assailed my professional and official honor, but that of the other members of the State Pharmaceutical Examining Board of Pennsylvania as well, for no one member of that body could pass or reject candidates unjustly without the consent of all the other members.

Trusting that you will give this place in the next issue of The Medical Visitor, I remain

Very respectfully,

F. A. Boericke, M. D.

Oct. 27, 1902.

Book Reviews.

The Mattison Method in Morphinism. By J. B. Mattison, M. D., Medical Director, Brooklyn Home for Neurotic Inebriates. Published for the Author. E. B. Treat & Company, New York: 1902. Price, One Dollar.

We believe this is the first book o this description we have ever reviewed in which the method of procedure was so clearly given as to enable one to fully understand and follow. The treatment is certainly a humane treatment, the patient suffering absolutely nothing from the course prescribed and he goes out from the treatment a cured man and much stronger in mind than one who has been treated by the restraint method. The best advice we can give is to purchase the little booklet and read what has been learned in the long years of experimentation by Dr. Mattison. It is not like many of these so-called books, for the author has nothing to sell.

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THE MEDICAL VISITOR

VOL. XVIII. DECEMBER, 1902. NO. 12

Original Articles.

A KNEE JOINT CASE AND SOME OF ITS LESSONS.*

Illustrating the Value of Manual and Suggestive Therapeutics, and of Orificial Surgery in a Delicate and a Difficult Surgical Case.

BY E. H. PRATT, A. M., M. D., PROF. OF SURGERY, CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

I do not believe that I am a crank, or even eccentric in my medical tendencies and practice. On the contrary, it is, and always has been, my ardent desire to become as thoroughly acquainted as possible with every known means for the relief of human suffering, and not to give undue prominence to any one means of cure to the ignoring or undoing or underestimating of other good, valuable and well established medical theories. On this account the prescription of drugs has always been held in high esteem, and always will be, and much of my professional life has been spent in a careful and earnest consideration of drug provings and their proper field of application.

I have found it necessary as I have developed professionally to overcome a few prejudices and tendencies for narrow-mindedness which were instilled into me by my early teachers. I was taught to abhor the employment of morphine under all circumstances and upon all occasions and that the prescription of quinine under any circumstances was a homeopathic heresy. External applications were in disfavor, and the exhibition of the similimum was entirely adequate to the needs of the sick regardless of the nature of their affliction. I have found out since that the circulation of the blood is the all-important factor in re-establishing the health of the body either locally or generally, and that therapeutic agents of all kinds accomplish their cures through the agency of the blood stream, the action of drugs being no exception to the rule. In-

* Presented to the Chicago Homeopathic Medical Society of Chicago.

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stead, therefore, of confining the attention of my later professional life to simply one measure that relieves congestion and re-establishes functional activity, namely, the prescribing of drugs, I have been ambitious to add as many measures as possible that can be relied upon to influence capillary circulation. Strange as it may seem, I find that the best measures for this purpose have not yet found recognition in medical colleges, and consequently must be acquired elsewhere by those who are ambitious to excell in the practice of the healing art.

For many years my entire time has been occupied in the treatment of chronic diseases of all kinds, and in dealing with the difficult problems which are continually presenting themselves by these complicated cases.

Not from any prejudice, but as a mere matter of experience, there are three forms of treatment which, in my estimation are more valuable than all others combined, and yet they have not found their place in the ordinary college curriculum. These forces are Orificial Surgery, Manual and Suggestive Therapeutics.

The time must surely come when these powerful agents for the relief of the sick will be recognized each for what it is worth. Orificial surgery is already well on its way to universal recognition, as it is already taught in many of the advanced medical schools of the day, has bureaus in many state societies, and in one national society (The Eclectic), and is practiced to more or less extent by multitudes of medical men, who are carefully feeling their way to its acquaintanceship all over the medical world.

The other two branches of healing, manual and suggestive therapeutics, are more in favor with the laity than with the doctors, simply because their promoters, Dr. Still and Mrs. Eddy, took issue with doctors at the outset of their careers as teachers, calling them names, misrepresenting and slandering and abusing them on every possible occasion, and seeking as far as possible their extinction as a class. As this was impossible, however, because of the great good to humanity accomplished by medical men in the past and at the present time, the hostile attitude assumed by the leaders of manual and thought healing simply serve to hinder the progress of the great truths which they were anxious to introduce to the world. But the foolish and uncalled-for bitterness of the early apostles of these new lines of thought against the medical profession is now rapidly passing away, and doctors are beginning to see that in each of these means of healing there is a power for good which should be recognized by the medical profession and placed upon the curriculum of the medical colleges, so that in the near future, in addition to the chair of orificial surgery, there will in all probability exist in every well regulated college in the country a chair of manual

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therapeutics which shall include the teaching of osteopathy, Swedish movement cure, massage, and other forms of manipulation, so that the graduates in medicine shall not only be able to reduce fractures and dislocations, but also to follow their cases up by such a perfect manipulation as to secure a proper degree of mobility as a final result, to say nothing of the other uses to be secured by a knowledge of manual therapeutics.

Besides this will have to come the establishment of a chair, which will recognize the action of mind over matter, and present the laws by which mind shapes matter and rules matter, and which will teach the modus operandi of employing these unseen forces for healing purposes. No student of medicine will be well equipped for his task until the medical knowledge which he has already acquired in his alma mater is supplemented by the additional knowledge of these three new and valuable departments of the practice of medicine.

These remarks may seem irrelevant to the story of the recovery of a stiff knee, but such is not the case. Indeed this remarkable case has been selected for your consideration chiefly because it illustrates the harmonious manner in which the three forces under consideration may be made to operate in surgical cases, and render the cure of many cases possible which without their aid had better not be undertaken.

And now to the leg, which perhaps would better be approached by way of the girl and the circumstances which led up to its unfortunate condition.

First, of the girl: Bright, buoyant, sunshiny, full of vivacity, and very much prone to climbing trees and getting into other hazardous positions. A slightly deformed elbow which she still has, bears testimony to one of the daring feats of her early life. Like all impulsive natures, however, she was naturally sunshiny and optimistic and belonged to the inspirational class of people who stand for the best accomplishments of the world in every direction.

In August, 1884, when she was somewhere near ten years of age, she fell through a cattle-guard on the railroad track. The hole was large enough to admit her leg as far as the knee. She fell forward thus giving the knee a terrible wrench. Just then a train came in sight; a stranger who happened near, thinking the child would be run over, pulled her out of the guard rather roughly, doing still further damage to her knee which was already badly sprained. The child refused to accept the assistance of the stranger, but walked back to the station She did not even tell her father, who was a physician, of the accident until inflammation had set in in the knee. Synovitis followed. The pain when it first started was so severe that the child screamed all night.

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Muscular traction of the ham strings supervened and drew the foot back upon the hip. After two or three weeks the child was anesthetized and the leg was straightened and put in a plaster cast and extension employed. The patient does not remember how long the cast was left on, but thinks it was two or three months. She began walking a little on crutches in April of '85, about eight months after the injury.

In October of the same year, while still on crutches she fell from the porch and again injured the knee, this time being confined to her bed for two months, after which the joint became stiff, with the leg straight. The soreness passed away in time so that she could go about on the leg, but the knee-pan was immovable, and the joint motion was consequently extremely limited.

In the years following '86 came a series of efforts to recover the use of the limb so persevering that in view of the apparent hopelessness of the case it was almost pitiful. The child made appeals to Christian scientists, to faith healers, to anybody and everybody who promised even a shadow of hope that she could recover the use of her limb. She kept a record of her experiences, and it tells a story of perseverance and intelligence that is truly remarkable.

Finally in the spring of '99 she had several X-ray views taken of the knee, and the following is one of them. The view shows the patella adherent by bony growth to the anterior surface of the femur so completely as to seem like a continuation of the femur itself. It shows also the joint between the femur and tibia to be free from bony union. At the back of the femur, however, will be noticed an exostosis, which might be a displaced fragment following a fracture or the result of inflammatory processes. Whatever it was it would evidently be in the way of motion of the joint in case that ever became otherwise possible.

Armed with her skiagraph, she then consulted various surgeons, some of whom advised the loosening of the patella, some its removal, one beiug so rash and ignorant as to promise her that the knee would be all right in two or three weeks, while many intelligent and sober-minded surgeons inclined to conservatism advised her to let well enough alone.

There was an atrophy of the quadriceps extensor muscle in that leg, as the knee had been immovable for fifteen years, which meant also an atrophy of anterior crual nerve, which, of course, meant an atrophied condition of the spinal cord centers from which its nerve filaments issued. As a consequence of this condition the young lady's general health was poor. It was feared she had tubercular tendencies, owing to some trouble with the lymphatic glands of the neck which she had sustained

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in her early girlhood, together with the fact that her tissues were soft and succulent as she took cold easily and coughs lingered with her.

Before she had completed her interviews with the surgeons she called upon me in the early part of March, 1899, bringing her story and skiagraph with her. I saw at once that the girl's general condition was in need of repair and so told her, while we were thinking about the knee

FIG. 1.—SHOWING CONDITION OF JOINT PRIOR TO OPERATION.

we could be getting in readiness to do something for it if such a course was ultimately thought best. She certainly needed some general building up, and that was the first thing to be accomplished, so that on the 16th of March, 1899, she was placed under an anesthetic and given all-round orificial work. The hood of clitoris was loosened, the uterus

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was dilated, curetted and packed, the roughness about the vulva was trimmed away, the rectum was relieved of a few small pockets and carefully dilated, care being taken to underdo the dilatation rather than overdo it, as her tissues were so delicate and pliable that injury could easily be inflicted upon her. Her recovery from the orificial work was uneventful and rapid. Marked improvement followed. In a few weeks the roses came back to her cheeks again, vivacity to her manner, and she felt greatly improved.

About two weeks after the operation she was submitted to manipulation especially of the spine and left leg. This was kept up for six or eight weeks after which she was deemed to be properly prepared for an operation upon the knee, if one was to be undertaken.

It should be mentioned in passing that care was taken while treating the girl orificially and manually to gain her complete confidence by being strictly honest with her in every particular. She was never hurt when it could be avoided, and when it could not be avoided she was warned of the approaching hurt and taught how to meet it with relaxation instead of tension. This part was particularly dwelt upon so that she learned the art of non-resistance. She was also taught as soon as the hurting process was ended to immediately let it drop from her consciousness and not permit it to linger in her memory. She was taught hospitality toward necessary pain, and many other useful lessons along the suggestive line in order to properly prepare her for the great struggle which was to come. Having thus by the means of orificial surgery, manual and suggestive thereapeutics put this bright, teachable and trustful young woman in a proper condition for the greatest struggle of her life, the question of the knee was then considered.

Frankly confessing to her that I had never seen another similar case, I asked her to permit me to call in consultation an eminent surgeon, whose experience in joint cases was' probably much greater than my own. She readily consented, and together we called upon the eminent surgeon for his opinion. He frankly stated that he had seen two such cases, but he refused to operate upon either of them and advised me not to interfere in this case, giving as his reasons that the shock would be severe, and the young lady being delicate it would be hard for her to endure, the probable result being the development of her tubercular tendencies. Another reason was that the best possible result that would be obtained would be a stiff leg as at present, because the leg would have to be moved every day, and this would produce so much irritation and soreness that the process would soon have to be abandoned, and her present condition would simply be reproduced again.

This, of course, was mere theory on the doctor's part, and I immedi-

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ately saw that he had not thought as deeply upon the case as I had, and although neither of us had had any experience in such a case I was satisfied that he was unnecessarily pessimistic in his view. So I reminded the doctor that in the case of a fracture of a long bone in its continuity there was no effort at bony union under a week or ten days, and that in a case of this kind where the lower extremity was involved, two or three weeks could be permitted to elapse before any substantial bony union was accomplished. By this time the inflammation would have subsided and the patient could be anesthetized and the knee broken up, after which it could again rest for an equal length of time. Thus by repeated flexions under an anesthetic at long intervals ultimate motion might be secured with comparative safety. In the fracture of a long bone slight motion of displaced fragments produced a false joint where nature never intended a joint to exist. It ought to be quite possible in view of this fact to help nature to her ideals where joints were intended to be, and all that was necessary would be to secure motion at sufficiently short intervals to prevent bony anchylosis.

The consulting doctor admitted the force of the argument, but suggested that if the task be undertaken a large hole be left back of the patella by removing the anterior surface of the condyles of the femur. My objection to this was that it was destroying the articular lamella of the joint surface, exposing the cancellous structure of the bone and thus furnishing a fine field for infection aside from deforming the shape of the joint which was necessary to a proper motion subsequently.

It did not take long, in other words, to see that the joint surgeon had simply dodged the question of such cases, and, being afraid to tackle them, had not given them rational surgical thought. So, against his advice, and by the free choice of the little patient herself, upon whom the entire responsibility was cast, on the 8th of May, 1899, she was placed under an anesthetic and the operation upon the knee undertaken.

Two vertical incisions were made on either side of the patella, through which, by means of chisel and hammer, scoups and gouges, the knee pan was separated from the femur. The bony substance, which had to be cut through, was much harder than normal bone and very difficult to chisel away. By perseverance, however, the trochlear surface of the femur was comparatively well re-established, and the body of the knee-pan was pretty well chisled away, leaving a sufficient part of its compact tissue to sufficiently stiffen the tendon of the quadriceps extensor and ligamentum patellae so that they would be serviceable later on. The knee was now forcibly flexed, considerable violence being required to rupture the fibrinous adhesions that had been unmolested for fifteen years. They snapped and cracked as they were ruptured, but finally I

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succeeded in getting the leg to right angles. The wound was then thoroughly rinsed out with a normal salt solution, after which bichloride of mercury, 1 to 5,000, was applied to the wounded tissues and the wound closed. The knee was bandaged and the patient placed in bed. This was on the 8th.

On the 9th her temperature was 99 4-5; on the 10th, 100 1-5; on the 11th it dropped to 99, and on the 12th became normal. The bandage was then removed, and the temperature remained normal until the 25th, when it rose one degree, returning to normal on the 26th, and reappearing to the same extent on the 27th, the patient also suffering from some cramps in the knee. As there was some swelling of the knee, it was lanced, and half a teacupful of bloody serum was evacuated; no pus, however. From this time on she had a rise of temperature varying from 99 to 100 4-5, until the 7th of June, when the patient sat up for the first time.

On the following day, as her temperature was normal, and as it was a month and three days after the operation, the patient was anesthetized and the knee forcibly flexed. No inflammation and but little soreness and pain followed, her temperature being normal for the next three days. On the fourth day the knee was bent somewhat without chloroform, but was so painful a process that it was never again attempted—that is, with sufficient force to break up adhesions. Passive motion, however, was now employed as far as it could be accomplished without too much suffering on the part of the patient.

On the 15th of June she walked on crutches for the first time, and on the 18th she was discharged from the hospital. From this time on the knee was handled daily, and the patient spent much of her time practicing movements upon the limb so as to keep the patella from adhering.

It was soon ascertained that work upon the knee had better be undertaken in two efforts. The first effort must be to secure a movable patella, and the second effort must be directed to accomplish flexibility of the joint. It was estimated that the whole course of treatment, allowing time for recuperation between treatments, would probably take in the neighborhood of two years to accomplish, allowing time for incidents and accidents unforeseen to institute delays from time to time.

It will be unnecessary to follow the treatment of the leg in detail. Suffice it to say that the bowels were kept in good condition; that the knee, when it would become inflamed and unusually sore from slight cold, was repeatedly relieved by replacing the uterus, which was always found more or less prolapsed on such occasions, and that up to January last, the patient had submitted to an anesthetic nineteen times, fourteen times

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chloroform being used and the remaining five times laughing gas being employed as the anesthetic.

As the knee did not seem to inflame badly after forcible flexion under an anesthetic, when laughing gas was employed, the patient was permitted to come to the office for the gas, and after the knee was flexed and tightly strapped with rubber plaster, she was placed in a carriage and sent home, where she was usually a little more careful about moving around for two or three days.

Until the early part of August from January no anesthetic was employed, as the first object of the operation had been accomplished, namely, the free motion of the patella. Before the subsequent work of re-establishing motion in the joint was undertaken it was decided to give the patient a long rest. The knee-pan was loosened beyond the danger of readhesion, the quadriceps extensor had become re-established in its action, the girl's nervous system and general health, in spite of her being placed so many times under an anesthetic, had rebounded beautifully, and if nothing further was accomplished, sufficient had been gained to reward her amply for all the pain and suffering and time that she had spent thus far.

The soreness soon passed away from the knee. The crutches were shed in the early summer, and by August the patient was able to walk with but a very slight limp, and the knee had ceased to inflame, and the general health of the brave patient was everything that could be desired. I have called the patient brave. She was better than that. She was trustful. Bravery involves nervous tension, meeting opposing forces with rigidity. Trust involves the opposite, and is a much more effectual, satisfactory and happier attitude to sustain toward opposing forces. It succeeds where bravery fails. It economizes nerve force, and is the highest order of true living. To be hospitable to pain as well as pleasure, to welcome whatever comes as something good sent under the operation of the universal law of like attracting like, and to meet it with non-resistance, involves no slight degree of culture. But this young woman had acquired it to such an extent that to this attitude must be attributed very much of the success of this remarkable case.

In the early part of August, 1900, as she seemed in a favorable condition for the completion of the work upon her leg, she was again placed under laughing gas and forcible flexion was accomplished upon the knee. The ligamentous bands were very firmly re-established, and snapped with a loud noise as they were ruptured, showing that five months of non-interference had permitted them to become strong again. This time after the knee was forcibly ruptured it could be retained in a flexed position, which had never been possible before.

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The following skiagraph was taken about a year after the first operation and shows the knee-pan free from the femur. The swelling at the back of the condyle of the femur has interfered with the motion of the joint materially so that only partial flexion has thus far been secured. Absorption of the tumor at the back of the condyle seems to be going

Fig. 2.—Showing the Condition of Patella after its Loosening.

on and a complete recovery is by no means despaired of. But even as it is, the case is a great surgical triumph, and is the result, I am sure, of the combined forces which have been brought into play in the case. I do not believe that orificial surgery could have been spared. I do not believe that handling could have been dispensed with, and I am perfectly sure that suggestive therapeutics were necessary to keep the girl in a

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proper attitude for the best results. If her mind was fixed upon suffering instead of upon relief, upon pain instead of upon what she hoped to accomplish, if she had been filled with fear of being hurt instead of hopes of recovery, her attitude would have invited irritation, transformed irritation into inflammation, and rendered the achievement of her recovery perfectly impossible and the whole undertaking hazardous.

There is a great medical sermon in this case that ought to be taken home to the heart of every man who wields a knife upon human flesh. The general condition of the patient has every thing to do with the results of surgical work, and the man who looks upon a surgical case with a mere mechanical eye, giving his exclusive attention to the local achievement to be accomplished, disregarding general conditions will find his best effort frequently baffled. In securing for those in need of surgical work a favorable general condition for its accomplishment, general measures which will re-establish good capillary circulation and maintain it in steady operation will of necessity have to be employed, There are no such powerful agencies in existence, none so available, and consequently none so desirable as orificial surgery, manual therapeutics and suggestive therapeutics. They all deserve universal recognition and are bound to secure it. There is nothing else that can take their places, and they are so sorely needed in such multitudes of cases that the conservatism of medical colleges in not furnishing instruction in these branches to the present generation of medical students will soon be recognized as the obstinacy of willful ignorance. The doctors know good things when they see them, but sometimes they have to be made to see them. The new light of the present age is intolerant of obstruction, and the stamp of progress is required upon every department of human learning and achievement. The medical profession cannot afford to be sluggish or backward or sleepy or ignorant of anything and everything which it ought to know. Conceits, and bigotries, and prejudicies, and other kindred barriers to progress must give place to better sentiments in order that the medical profession may be able to keep pace with the rest of mankind in the general march of human inspiration out of chaos into order.

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VACCINE VIRUS—ITS NATURE AND ORIGIN.

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It is to be feared that vaccination is one of the subjects prominently before the public mind on which very little original or independent thinking is done, either by the medical profession or the laity.

Judging from the results of interviews which I have had with hundreds of physicians, I am convinced that the majority of the profession accept vaccination as a medical dogma without having given it a critical investigation. The history of vaccination is peculiar in many respects. We are now to consider one of these.

If it be asked, "With what shall we vaccinate?" the answer would at first seem to be simple enough,—"Why, with vaccine virus, of course." But if we ask, "What is vaccine virus?" the answer is not so readily found.

In consulting the most eminent authorities on this subject I find no unanimity of opinion as to what vaccine virus really is. After more than a century of vaccination there is at this writing no concord of opinion in the medical profession as to the proper material to be used in the performance of the Jennerian rite. There are viruses and viruses, but what the specific character of any one of them is, nobody seems to know.

The great questions now coming from all parts of the world are, "What is vaccinal virus?" "What is vaccine lymph?" "What is pure calf-lymph?" To all these questions Echo answers "What?" When Jenner first performed the rite of vaccination he used the virus of cow-pox, derived, as he thought, from horse-pox, which he regarded as identical with grease in the horse. Grease, we are informed by veterinarians, is a disease resulting from inflammation of the sebaceous glands of the skin about the heels of horses and is technically termed *eczema pustulosum*. This disease of the horse comes through lack of cleanliness, and is a result of carelessness on the part of the groom. The purulent discharge from the diseased heels of horses having been carried on the soiled hands of farm-laborers and stable-boys to the teats and udders of milch-cows, produced the disorder which has been misnamed cow-pox. That so-called cow-pox is not a disorder to which the bovine race is naturally subject is amply proven by the fact that bulls and steers never have it. In his admirable work entitled, The Value of Vaccination, Prof. Geo. W. Winterburn, M. D., Ph. D., in referring to this matter says: "A zymotic disease confined exclusively to one sex would be an anomaly in nature. But who ever heard of bull-pox?"

Another proof that so-called cow-pox is a disorder not natural to the

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cow, is the fact that it never occurs in young heifers that have never been milked. James Moore, Assistant director of the National Vaccine Establishment of London, says: "If the cow could plead her own cause, she might assert that what we call vaccine did not originate with her. She might retort upon us that it was the contact of man which polluted her pure teats; for no cow that is allowed to suckle her own calf, untouched by a milker, ever has this complaint" (cow-pox).

Jenner held that small-pox, cow-pox, swine-pox, and grease were only varieties of the same disease. With swine-pox he inoculated his eldest son, Edward, who died of consumption, as did also James Phipps, the first person whom Jenner vaccinated with "cow-pox." He also employed in a large number of cases, and furnished to other vaccinators, the virus of equine-pox (horse-pox) direct, which he termed *equination*. Acting on Jenner's advice, the king of Spain, in 1804, ordered that all children in the Foundling Hospital at Madrid be vaccinated with goat-pox. Jenner used, at least, three diverse stocks of virus. He practiced three distinct things under the one name of vaccination. His original prescription was horse-grease-cow-pox. He afterwards, to circumvent competitors, went in for so-called spontaneous cow-pox, which he had previously proved to be no defense against small-pox. Lastly he set aside the cow altogether, and used and diffused horse-grease, or horse-pox, neat, which he described as "the true and genuine life-preserving fluid." This was the "direct equine," which Jenner claimed gave vesicles "beautifully correct," and which was sent to Edinburgh and other places. To these various Jennerian stocks have since been added by Jenner's successors small-pox-cow-pox, obtained by inoculating heifers with small-pox pus derived from human patients. So we have had viruses derived from horse-grease-cow-pox, from so-called spontaneous cow-pox, from horse-pox, and from small-pox-cow-pox, commingled with the constitutional characteristics picked up in their transmission along the various ranks of vaccinifers, through which the divers poxes have passed. Which of these varieties is which, and how modified for better or for worse, in the course of transmission, no one knows, or can know.

When Jenner established vaccination he was very particular to point out the alleged importance of using only a certain kind of virus (horse-grease-cow-pox): It is worthy of note that the kind of virus recommended and used by Jenner is not now used at all. In fact the whole basis of Jennerian vaccination has long ago been swept away, and Jenner's plainest definition of his alleged protective process is flouted by present-day vaccinators.

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I only mention this circumstance as showing how much reliance is to be placed upon the shifting quicksands of passing medical dogmas.

Enough has now been said to show that vaccine matter is an extremely various, uncertain, and complex substance. The current vaccine virus of the present day is probably the contagium of smallpox which has been transplanted from human beings to brute animals, and back to human beings again, commingled with the morbific elements of various other diseases, of man and beast, picked up along the line of transmission, so that of any specimen of vaccine "lymph" it is impossible to know from what disease it is derived. It is almost certain that the diverse strains of "vaccine lymphs" now in use in every part of the world are removed by several hundreds of generations from their parental sources and from the characters of the primary "lymphs." These viruses are probably composite substances in each of which coexist the contagia of different diseases. But which is which, and what is what, who can tell? Medical opinion is completely dazed in the bewildering confusion which exists.

After a century's experience with vaccine virus, there are constant complaints of its dangers and impurities. These complaints are not confined to the medical profession. The feeling of distrust and dissatisfaction with the various stocks of vaccine, "lymph" has become widespread among the intelligent public, and nothing is apparently more exasperating to medical men who practice vaccination than the discovery that an increasing body of laymen througout the country know more about their mystery than the doctors themselves know, and who can trip them up and expose their defective knowledge and mis-statements whenever they open their mouths.

"Define your pox, sir," is a demand which of itself is enough to take the breath out of an apologist for vaccination; for until the pox or virus shall have been defined the vaccinator can have no tenable ground on which to stand. This aggressive attitude of the public concerning the interiors of the mystery of preserving health by the propagation of disease is daily becoming more and more pronounced, and vaccinators find themselves exposed to a fire of criticism for which they are ill-prepared.

"Vaccine lymph" is a commercial commodity of which there are many varieties. Physicians of today buy their vaccine virus from those who make merchandise of it, on the simple dictum of the manufacturer that his particular brand of "lymph" is the right thing to use. Commerce has usurped the field here as everywhere else, and the doctor, who is merely a "middle-man" between the vaccine dealer and the vaccinated, has absolutely no means of knowing anything definite about the composition of the vaccinal stock he uses.

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The physician is not at the fountain-head of the "calf-lymph" production, and has to take the alleged genuineness of the "lymph" on trust, as it cannot be verified by analysis. Many laymen and some physicians imagine that the perils which formerly attended arm-to-arm vaccination may be avoided by the use of the so-called "pure calf-lymph." This is a gross fallacy, as is repeatedly being shown by the many vaccine disasters which follow the use of the various stocks of bovine "lymphs" now in use. Even the vaccine virus procured directly from the calf was originally transplanted from man to the calf. Of the alleged purity of vaccine "lymph" there is no possible proof, except such as is conspicuous by its absence. Nothing could be more absurd and foundationless than the flippant talk indulged in by "lymph" manufacturers and vaccinators about pure "calf-lymph," a hybrid product of diseased animal tissues, the origin and nature of which are involved in impenetrable obscurity. Nobody is able to measure the danger which may lurk in any specimen of "pure calf-lymph." The remote as well as the immediate disease-engendering potentialities of vaccine "lymph" are unknown.

This infective animal poison can be tested only by its effects upon the victim of an inoculation experiment, so that no amount of care and caution exercised on the part of the vaccinator can be depended upon to avert the possibility of danger and disaster to the vaccinated.

In their studied devices to allay apprehension and to inspire confidence in their vaccine products, the H. K. Mulford Co., and other vaccine establishments, declare that their "lymph" before being sent out to their patrons has been subjected to "physiologic tests" on heifers, calves, and guinea-pigs. But heifers, calves, and guinea-pigs are not human beings, and inoculation experiments on any of the lower animals have not yet been shown to be of any real service to our means of determining the effects of either medicaments or of disease products when inoculated into the human organism.

In speaking of inoculation experiments on living animals in *The Medical Brief* (June, 1902), Deputy Surgeon-General Thornton, Indian Medical Service, says, "The experimenter is, and always must be, groping in the dark, so that his conclusions are merely tentative, and are certain to be disputed by other experimenters. The sources of fallacy in inoculation experiments on living animals are so numerous that, as Dr. Arnold remarks, each experimenter sees that which he wants to see and logical confusion reigns supreme over the whole method."

From the excellent treatise, "The Futility of Experiments with Drugs on Animals," by Dr. Berdoe, p. 5, I take the following extract: "Poisons act in such different ways on men and animals that deductions from experiments on the latter are fallacious and misleading. Rabbits can

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eat belladonna with impunity; dogs, aloes; apes, strychnine, and goats, hemlock; while birds in general are little affected by morphia. All this tends to show how vain a thing it is to expect to find out remedies for our own diseases by experiments upon animals which are not constituted as we are, and which frequently find their food in things which would be fatal to mankind."

The fact that certain species of monkeys are known to be insusceptible to the action of strychnine, and that they feed on the nuts of the strychnos nux-vomica, cannot be accepted as evidence that strychnia is harmless when swallowed by human beings. Still the monkey is constituted more like a human being than is the heifer, the calf, or the guinea-pig. The effect which vaccine "lymph" will produce on human beings can be ascertained only by inoculating this nosode into the human body itself.

No vaccine, whether bovine or humanized, can be guaranteed as free from danger.

"Pure *virus*" translated is pure *poison*. If there be any vaccine substance entitled to have the epithet pure applied to it, there is no known method by which the *pure* can be distinguished from the *impure*.

Vaccination should be studied from the standpoiut of biology. Such a study will convince the thoughtful student that *pure* virus is an impossibility in the very nature of the case. No vaccine virus is free from danger and disease. The world's most renowned and skilled bacteriologists frankly admit that it is beyond the range of their knowlege to detect the presence of the tetanus bacillus in specimens of vaccine "lymph" the use of which has been repeatedly followed by tetanus in its subjects. In other words, they concede that they have no known means of ascertaining whether or not any specimen of vaccine "lymph" will injure or kill except by inoculating it into the victim of an experiment. This being true, no physician is justified in using the dangerous stuff on anybody except himself.

Prof. Edgar M. Crookshank, author of the "History and Pathology of Vaccination," and Director of the Bacteriological Laboratory of King's College, London, says: "I must state most emphatically that we do not know the nature of the *contagium* of cowpox, or of human smallpox, or of any of the diseases from which so-called vaccine lymph has been cultivated." "Lymph for vaccination," continues Prof. Crookshank, "has been over and over again obtained by inoculating calves with human smallpox. On the other hand, lymph producing the familiar appearances of vaccination has been obtained by attenuation of smallpox, without resorting to the calf as a medium of cultivation; and similarly, lymph for the purposes of vaccination has been raised from

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horse-pox, sheep-pox, and cattle-plague." Here we have the testimony of one of the world's most eminent authorities on the history and pathology of vaccination, to the effect that the nature and origin of "vaccine lymph" are so vague and uncertain that it is impossible for the vaccinator to know anything of the specific character of his stock of virus, or to predict the extent of injury that may result from his practice.

It is assuredly an anomaly to speak of something as being "pure" while it is not known what that something is. As there is no standard "vaccine lymph," how is the purity or genuineness of any specimen to be determined? In the absence of a criterion how are we to judge? The epithet "pure" as applied to any specimen of "vaccine lymph" must therefore be regarded as pure assumption until it shall have been determined what "vaccine lymph" is. That this is not at present known, is evidenced by the testimony of all competent witnesses. From the Cyclopedia of Medicine and Surgery, one of the latest standard text books of the old school, I quote the following: "The aetiology of cow-pox is unknown, though there is strong presumptive and experimental evidence that it is but a modified form of small-pox."

In the American Text-book of the Diseases of Children, article Vaccination (p. 192) by T. S. Westcott, M. D., I find the following statement: "The exact nature of vaccinal disease is a question which has been the subject of repeated theorizing and experimentation since the time of Jenner, and even at the present day no consensus of opinion has been reached."

Many pro-vaccinal authorities express the belief that "cow-pox" so-called, is the effect of small-pox contagion modified, or attenuated by passing through the system of the cow; while other authorities of equal ability claim that the virus of small-pox will produce small-pox and not cow-pox, and that cow-pox must appear spontaneously in the cow. The doctrine of "spontaneous" cow-pox however is without apparent foundation in fact, and must be abandoned as an untenable theory. "The tradition of the dairy maids," that the milkers who had pustules on their hands like those on the cow's teats, were rendered immune to small-pox, was accepted by Jenner and his followers not only without any exact knowledge or scientific investigation as to the source or character of the pox on the cow, but actually without any attempt having been made to ascertain whether the milkers caught the pox from the cow, or the cow from the milkers.

This inquiry has since been made with results, some of which I shall here briefly outline. Dr. Hubert Boens of Brussels reports that a case of "spontaneous cow-pox" having been alleged as discovered in a village near Brussels, he and Mr. Bonnewyn, the latter a member of the Acad-

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emy of Medicine of Belgium, investigated and found that the cow in question was at the time being milked by a woman who was then under treatment for syphilis by Dr. Thirty of Brussels; and as a result of this and many other investigations, Dr. Boens says: "Whenever we ascend to the origin of what is called spontaneous horse-pox or cow-pox, we find that the groom or milker attending such horse or cow had syphilitic sores on his hands."

After a prolonged and laborious study of cases of so-called spontaneous cow-pox this true physician addressed this terrible and memorable arraignment to the vaccinators. "Continue, gentlemen, to vaccinate if you choose, *and because you make money by it*, but never forget, pseudo-scientists and false physicians that you are, that whilst you sow vaccine among the people *they reap the pox.*

A. W. Hutton, another authority says: "The syphilitic nature of cow-pox is the theory which now holds the field; and it is hardly contested by the advocates of vaccination, who are content to rely solely on the evidence of statistics."

The analogy between the manifestations of "cow-pox" and those of syphilis is so close that several eminent pathologists, among whom is Prof. Edgar M. Crookshank, express the belief that so-called spontaneous cow-pox is a modified form of syphilis. Dr. Charles Creighton of London, England, who was employed to write the article on Vaccination in the ninth (last) edition of The Encyclopedia Brittanica, because he was considered one of the ablest living authorities on that subject, says in his work entitled "Cow-pox and Vaccinal Syphilis" (page 155–6). "The real affinity of cow-pox is not to the small-pox, but to the great pox. The Vaccinal roseola is not only very like the syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of everyday practice is to all intents and purposes a chancre; it is apt to be an indurated sore when excavated under the scab; when the scab does not adhere it often shows an unmistakable tendency to phagedena. There are doubtless many cases of it where constitutional symptoms are either in abeyance or too slight to attract notice. But in other instances, to judge from the groups of cases to which inquiry has been mostly directed, the degeneration of the vesicle to an indurated or phagedenic sore (all in its day's work) has been followed by roseola or by scaly and even pemphigoid eruptions, by iritis, by raised patches or sores on the tonsils and other parts of the mouth or throat, and by condylomata (mucous tubercles) elsewhere."

To the scientific physician conclusive evidence of the real affinity of cow-pox is furnished at a glance by the pathological diagnostic tables of M. R. Leverson, M. D., A. M., Ph. D., which formed the basis of his

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thesis read before the American Association of Physicians and Surgeons at Indianapolis in January, 1896, and which has now been for nearly seven years unquestioned by the profession.

This table is a condensed statement in parallel columns of the primary and secondary symptoms of small-pox, cow-pox, and syphilis, drawn from the separate descriptions of these several diseases by the most renowned authorities. It shows an almost complete likeness between the two latter and a total unlikeness of each to small-pox. Thus are we brought face to face with the gravest, and at the same time the most disgusting aspect of the whole vaccination problem. Here we have the testimony of the highest authorities, who have produced the clearest evidence in support of their belief that so-called spontaneous cow-pox, the virus of which has been used in vaccinating millions of healthy children, is modified syphilis.

As it is not known what it is that constitutes the active principle of any specimen of "vaccine lymph" now in use, the specific micro-organism, if such there be, not having been discovered or isolated, the use of the epithet "pure" as applied to any brand of "vaccine lymph" is an audacious presumption to the possession of knowledge which nobody has yet acquired.

Considering, then, that "vaccine lymph" has no ascertained microscopical or chemical character, one is amazed to find medical men of presumed learning and integrity putting forward positive claims for the purity of a substance ("pure calf lymph"), the nature and origin of which they know almost nothing about.

In recent years the batteries of modern scientific investigation have been turned with the most ruinous effect upon old beliefs and ancient assertions. The positions taken up by Jenner and his imitators are being raked by the fatal weapons of precision with which the soldiers of the advancing forces of science are armed. When Dr. Raugh, who was sent from this country to appear before the British Royal Commission of Inquiry on Vaccination, in 1889, to give testimony as to vaccination in the United States, was thus addressed: "Dr. Raugh, tell the Commission what vaccination is," he replied, "I do not know." Dr. Thorn, the foremost pro-vaccinist of England, who was also a witness and testified before the Royal Commission, in replying to the question, "What is vaccination?" said, "I do not know."

The active organism, if such there be, of the vaccinal disease has never revealed its identity to the vision of man. What "vaccine lymph" is and how it works its miracle of safe-guarding its subjects from a filth-disease without removing its cause, no man has yet explained. The vaccinators can tell us nothing of the *rationale* of their

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practice. It must be admitted that the vaccinator's art is, of all arts, the most empirical and uncertain. The nature of the disease-product on the point of his lancet he cannot define, and its effects he cannot foretell. Many scientific sanitarians and eminent physicians have frankly avowed the belief that vaccine virus is the most dangerous and mischievous nostrum in the hands of the medical profession to-day.

Notwithstanding the fact that there is no known means of definitely testing the composition of any of the various strains of "vaccine lymph" now in use, vaccination promoters and "calf lymph" producers talk glibly about "pure calf-lymph." It is the convenient custom of these men who have vested interests in the sale and use of the vaccine nostrum to speak complacently and flippantly of vaccination as being uniform, as if the hybrid animal poison used in the Jennerian rite were known to be as definite in its composition as a drop of pure water, a grain of chemically pure sodium chloride, or a pennyweight of unalloyed gold. Nothing could be more erroneous and misleading than such assertions.

Vaccine virus by whatever name called is not *uniform*, but *multiform*, not *definite*, but *indefinite*, not *certain*, but *uncertain*, with an uncertainty which in its transmission from animal to animal through a long line of vaccinifers can neither be predicated nor ascertained.

Of late years, to allay public alarm concerning the invaccination of syphilis and other loathsome diseases, cow-pox factories have been established in which vaccine virus of mysterious origin is propagated on the abdomens of young heifers and calves. The nature of the "seed-vaccine" used in inoculating the calves is a secret which the "lymph" producers never reveal to their patrons. There are in this country scores of enterprising firms engaged in the remunerative business of vaccine culture or "calf-lymph" production. The varied and different poxes turned out by these establishments are all alike used to inoculate the bodies of healthy children, and all alike are claimed to work the miracle of salvation from small-pox without removal of its cause.

The truth of the matter is that the vaccine stock at present in use and plausibly denominated "pure calf-lymph" is not calf-lymph at all. It is a morbid serum, a compound product of diseased animal tissues, a promiscuous mixture of the contagia of different diseases which have been picked up from the heriditary taints of the different bovine species through which it has been transmitted, just as humanized lymph carries the disease-heredities of the human kind in arm-to-arm vaccination. The word lymph in the expression "pure calf-lymph" is clearly a misnomer calculated to mislead the incautious.

We must not allow ourselves to be deceived and mislead by the misuse of terms. No vaccine stock now in use is entitled to the designation

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of lymph—much less *pure* lymph. Calf-lymph in fact and in truth is the natural nutrient fluid which circulates in the lymphatic vessles of the calf. Lymph is described by physiologists as "A transparent, colorless, nutrient, alkaline fluid which circulates in the lymphatic vessels and thoracic ducts of animal bodies."

Lymph is a physiologic product, while the so-called "pure calf-lymph" is a pathologic product, obtained from a lesion (pock) on a sick and diseased calf. The former is a normal nutrient substance, the latter a pathologic animal poison. The difference between calf-lymph and "pure calf-lymph," so-called, is as vast as is the difference between health and disease. "Pure calf-lymph," so-called, is a very variable and complex pathologic product, composed of the pulp of the vaccine vesicle, blood corpuscles in various stages of retrograde metamorphosis, and infected blood-serum, mixed with the diverse micro-organisms which, upon microscopic investigation, are invariably found in "pure" vaccine at the time of its collection from the pocks or vesicles on the body of the diseased calf used as the vaccinifer.

What then are we to think of medical men who, in this era of sanitary science and aseptic surgery, intentionally ingraft an infective animal poison of admittedly unknown nature and of obscure origin into the pure and wholesome body of a helpless child under the false, but plausible name of "pure calf-lymph?"

NERVOUS COUGH.

BY N. B. DELAMATER, M. D., PROFESSOR OF MENTAL AND NERVOUS DISEASES, CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

A cough is a quick, forcible expiratory effort. Its normal intention being to dislodge and expel foreign substances from the respiratory tract. This effort may occur in single spasms or a rapid even continuous succession of efforts.

It may be the result of any irritation in any part of the respiratory tract, or in the region of nerve centers for this tract or along the course of the nerve supply.

If anything causes irritation along the peripheral expansion of the pneumo-gastric nerve, or its immediate connections, an impulse is immediately conveyed along its afferent fiber to the respiratory center in the medulla. Here these impulses are transformed into motor impulses and conveyed over the afferent fibers to the muscles of respiration.

It is noted first that irritation of any character at any point in the respiratory tract may cause a cough. It may be inflammatory or not, a

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foreign body or not, anything that produces irritation. This fact makes it essential in every cough to determine the location and character of the irritation in the respiratory tract, or to exclude the possibility of such irritation. Thus there must be a careful examination of the nose and throat, the larynx and the lungs in every case.

It is hardly within the scope of this paper to undertake to give the characteristic features of these coughs. It may not be out of place, however, to call attention to the fact that coughs frequently are caused by irritation in the posterior portion of the eustachian tube, the naso-pharynx, the mucous membranes about the base of the tongue, and the superior opening of the larynx. While these parts belong to the respiratory tract, they are frequently overlooked.

The nervous coughs may be considered as those arising from disease of nervous tissue, those the result of reflex, and those that may be considered as purely psychical or without discoverable physical cause either direct or reflex.

Cerebral coughs can only be diagnosticated by the absence of any cause in the respiratory tract and the presence of collateral disease within the cranium. The same rule will apply to spinal coughs.

Disease of the sympathetic nervous system may produce a cough. This, however, is not so easily differentiated. Idiopathic or primary disease of the sympathetic system is not common. It is, as a rule, secondary. In considering this, we will include the primary, secondary, and those cases in which there is no disease of the sympathetic, but in which the irritation is transmitted through the sympathetic. Bear in mind that there are impulses originating in the ganglia of the sympathetic, and that these impulses are conveyed not only from one ganglia to many others in the same plexus, but to ganglia in other plexes, and then to other tissues, but also that these impulses are from the sympathetic to the cerebro-spinal system in all its parts. These are also transmitted from tissues in all parts of the body to the sympathetic impressions of irritation. The sympathetic receives these, and at once automatically transposes the impressions into impulses and transmits these to those tissues that may in any manner be made to assist in either correcting the irritation or in compensating for it. It is the sympathetic system that keeps every tissue, every organ, every part of the human body in close touch with every other tissue, organ or part. This great system of nerves at times may be interfered with in such a manner that it is incapable of normal automatic translation of irritation into simply helpful or compensatory impulses, and instead transmits to some tissue or organ impulses of irritation, causing in these tissues or organs functional disturbances.

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The cough resulting from disturbance of the sympathetic, it will be seen, may be an effort to restoration of normal action, in some other part, may be compensatory or it may be a result of abnormal function of the sympathetic itself.

If there be primary diseases in this system you will find functional derangement of various kind, in various organs, without the evidence of organic disease, and without any possible other adequate cause. The diagnosis of a primary sympathetic trouble must be made always by exclusion.

A patient presents with an annoying cough of long standing. Many efforts to control it, and in part at least by skillful physicians, close accurate prescriptions failed. A careful chronological history is taken. The cough is certainly the very first evidence of any departure from normal. The closest scrutiny fails to revise any possible local condition at any point in the respiratory tract that could cause a cough. The various organs of the body are carefully examined, and found to be perfectly normal. There is possibly some digestive symptoms, and probably some abnormal function of the heart. The general circulation is not as uniform, regular and steady as it should be. The most careful examination, including an analysis of the contents of the stomach, with and without a test meal, also of the fauces, and of the 24 hours' urine prove conclusively that these organs are not diseased and reference to the history shows clearly that the cough preceded, antedates the digestives, heart and circulatory symptoms.

From the history you learn that there has been no sufficient mental or emotional strain to produce a lowered nerve tone. There has been no sufficient physical strain to cause physical prostration. The most careful inquiry fails to show any psychical cause. In short the most rigid investigation and examination fails to reveal any possible source for the irritation causing the cough, and in addition you have the functional disturbance, following, not preceding the cough, such as disease of the sympathetic might produce. You are justified in an opinion of cough from primary disease of the great sympathetic.

On the other hand if you find refractive or muscular eye trouble, organic heart trouble, or functional heart trouble, antedating the cough, liver, stomach, or intestinal trouble, mal-formation, mal-position, or local irritation in the generative tract, rectal disease, in fact any organic disease that can produce reflex irritation, and an absence of anything in the respiratory tract capable of producing the cough, you are justified in an opinion of a nervous cough, reflexed through the sympathetic.

A cough may be the result of disease, pressure or irritation of the pneumogastric nerve. This nerve, as you well know, has many rami-

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fications, and is the only cranial nerve absolutely essential to life, because of its distribution and contracting action to and on the heart and lungs. It is closely connected with the sympathetic. It is a mixed nerve, containing sensory, motor, and trophic elements, and also contains inhibiting fibers. It anastomoses quite freely with the spinal accessory. In its course from the brain through the neck and down through the trunk to the respiratory, circulatory, and abdominal organs it is for the most part in close proximity to large blood vessels. From this very brief summary of its origin and course it is easy to see that disease at or adjacent to its origin in the medulla, or tumorous, aneurisms, along its course through the neck or in the chest, may by pressure or irritation affect this nerve, and how organic disease of the various organs supplied by it may cause organic or functional disease of it. Irritations carried through its sensitive fibers to the medulla are very apt to be converted here into motor impulses, and transmitted through its motor fibers and produce an expulsive spasm or cough.

In order to differentiate pneumogastric cough, we must have symptoms of functional derangement in the parts supplied by this nerve, without organic changes in these organs.

If the disease producing the cough is in the medulla, there will be other symptoms of the disease of the medulla and an absence of disease in the organs supplied, but there will be certainly some functional disturbance. For instance, there may be vertigo, some difficulty in coordination, in tacicardia, or a very slow or irregular pulse, dyspnea, or hiccough.

If there be tumor, or aneurism anywhere along the course of the nerves, you will find the evidence on examination.

So if there be organic disease of any of the organs supplied, examination will show it.

We have the same rule to follow, exclude everything except disease of the pneumogastric and have present such functional disturbance as can be produced by malperformance of its normal function and your diagnosis of a pneumogastric cough is affirmed.

(Concluded next month.)

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SMALL DOSES AFFIRMATIVELY CONSIDERED.

BY C. E. FISHER, M. D., CHICAGO.

Did you ever stop to think how very minute must be the particle which nature takes from the bread and meat we eat every day to make up a brain cell, a repairing part of an eye winker, or a nucleus or neucleolus of any other kind?

Food is put through processes of grinding in the mouth, of trituration and solution and admixing in the stomach, and is still further dissolved and separated in the intestines.

It is then taken up as chyle, or a milky product, and carried into the veins to be sent through the heart and thence to the lungs to be oxygenated, not a single particle of the original substance getting to distal parts of the body in the form in which it was eaten.

This particle is sent here, that there, and the other yonder, as needed.

But it has all had to be changed, divided, subdivided, varied, altered and reduced before nature can use it.

So with medicines.

The larger the dose the greater the work tired and sick nature has to do before the remedy is in condition to be utilized to best advantage.

Not a single particle of the crude drug which is administered by the teacupful, the tablespoonful, the teaspoonful or the bolus ever gets to where it is to be sent in the quantity or form in which it was swallowed.

Nature has to grind, dissolve, triturate, moisten, divide and subdivide it, and finally can only use a very minute quantity of the usual dose of the allopathic profession.

The homeopathic physician saves the system this tax and labor.

By the process of trituration and potentization which is presented by his system of practice he reduces the original drug substance to such minute form that nature can take it up quickly and with the least amount of resistance and antagonism.

It is this in part that has made the homeopathic medicine so quick to act in such violent diseases as croup, scarlet fever, diphtheria, spasms, yellow fever, cholera, cholera morbus, pneumonia and the rest.

The more violent the disease the better the comparison for homeopathy.

Her medicines have been so prepared outside the system that nature doesn't have to lose time in appropriating them. They get right to the spot without causing nausea, revulsion, disturbance and an uproar.

Nor is nature distressed by having to throw off the large excess which she is never able to use.

Medicines do not cure disease in quantitative form. Nature doesn't

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repair her disturbances as the mason or plasterer would repair a hole in a wall, by daubing in it a quantity of brick and mortar.

Medicines do not "cure" at all. Nature cures, remedies simply assisting her by acting beneficially upon the delicate nerve fibres and cells of the system and stimulating them to greater activity.

If this stimulation is overdone it is like whipping a tired horse.

Homeopathy coaxes, she does not force.

All medicinal substances are more or less poisons, many of them violent and dangerous. Therefore the less taken the better.

Yet nature has provided us with excellent medicinal agents, whose use the human family cannot afford to ignore.

But they should always be given in the smallest possible quantity which can be effective, and this is exactly why homeopathic physicians stick to small doses.

They are more effective, less noxious to the system, more quickly efficient, and never overtax the system, making the last condition worse than the first.

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Among the Journals.

THE MEDICAL MANAGEMENT OF APPENDICITIS.

We have not seen, for some time a fairer presentation of the medical side of appendicitis than is found in a paper on that subject from the pen of Dr. J. W. Irwin, (*The Medical Council*), in which he reviews briefly the subject.

He says the appendix is made up of four coats, a single artery, usually, vein, nerves and lymphatics, and is three to four inches in length and about the size of a pipe stem. Darwin, in his work on "The Descent of Can," refers to the appendix as the useless rudiment of the cecum has left a hiatus in Darwin's theory of evolution, and has opened the charge that there is a missing link. Dr. Irwin says that under the new order of things, that is since the time Reginald Fitz called attention to the appendix, and McBurney, five years later, published his observations, "abdominal surgeons have sprung into existence everywhere and with great rapidity, to meet and contend with the ravages of a disorder which is not new and not very fatal, typhlitis and perityphlitis," these being the terms formerly used to designate an inflammation of the appendix, "are lost sight of."

Because of the numerous reports in hospitals and other mediums for conveying intelligence of disease people have become alarmed at the apparent frequency of the disease, and any pain in the abdominal cavity is looked upon in alarm by the sufferer as a probable beginning of an appendicular inflammation. The surgeon can, even if a tyro, find willing subject for the operation under the promise of an inch and a half incision and a week and a half in bed. "Should the patient survive the operation it was timely and a great success; but, should a fatal result follow, we hear of the successful operation and at any rate the surgeon was summoned too late."

Dr. Irwin calls attention to the death-rate of appendicitis under medical treatment, and claims that its treatment by surgical measures produce a higher rate than if all cases are treated medicinally. He pleads for a happy medium recognizing the fact that fulminant cases are not good ones to treat either from a medical or surgical standpoint. He then says:

When it is reasonably apparent that the patient is suffering from appendicitis, as indicated by pain in the lower right quarter of the abdomen, with or without a tumor or fever, and contraction of the rectus abdominis muscle, he should be put to rest and the importance of rest

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should be made clear to him. The bowels should be thoroughly emptied by a large dose of castor oil, and, if necessary, colon enemata should be administered. All gases and offending substances should be removed.

Diet is of great importance. At first it should consist of nothing more than strained soups, consomme, or bouillon. If milk is given, it should first be peptonized. Later, food that digests readily in the stomach may be given. All articles of diet that tend to increase fermentation should be avoided.

Pain should be relieved by the application of ice poultices, or the hot-water bag, as may prove to be the most agreeable to the patient. In no event should opium or its derivatives be employed until other means have failed to afford relief. The bowels should be kept free from gas by the use of enemata, or, if need be, laxatives, such as castor oil, magnesia, or cascara, may be used. An occasional laxative dose of calomel will do no harm.

It should be remembered that appendicitis, like all other inflammations, tends to resolution by the *vis medicatrix naturæ*, and, if we can aid the efforts of nature, the result will be satisfactory in nearly every case.

Should local applications fail to relieve the pain, antipyrin or phenacetin should be given. The slight fever which is usually present will also be relieved by the use of these remedies. One-fourth or one-half grain doses of calomel should be given every third hour. As the fever, pain, and swelling subside, the calomel may be discontinued, and some preparation of iodine may be given. The syrup of hydriodic acid in drachm doses may be given every four hours, or the iodide of potash in ten to thirty-grain doses every fourth hour may be given. Later in the course of convalescence, syrup of iodide of iron may be indicated. In several instances I have obtained good results from the use of salol or salicylate of soda. Salol given in divided doses to the extent of one drachm a day, or salicylate of soda four drachms daily for the first day or two. The patient should be kept in bed and at rest until all symptoms of pain and tumor, if one should be detected, have disappeared. The steady use of alteratives for several weeks after the patient is well enough to resume his former habits will tend to prevent relapses.

In the fulminant form of appendicitis, surgery resorted to early would appear to offer the best results. When abscesses form at any stage of the disease, they should be evacuated; but it should also be remembered that when abscesses form within the appendix there is a likelihood of their rupturing and emptying into the cecum, as the mucous lining of the appendix is less resistant than its cellular and muscular coats. In

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the recurring form of appendicitis, the best time for operation would be between the attacks. It should also be remembered that it is often hard to differentiate between the various forms of appendicitis, and on this account many cases have been subjected to surgical treatment that would no doubt have gotten well without it. During the last twenty-nine years I have seen and treated upward of one hundred and fifty primary cases of what was then known as perityphlitis, later and now as appendicitis, without having to resort to surgical means, and have had to record but two relapses, both patients surviving and a single death.

I believe that over-eating, fatigue and catarrhal causes conduce to appendicitis in the great majority of cases.

TEMPERATURE OF 110°+F. IN AN INFANT TEN DAYS OLD.

An interesting case of exceedingly high temperature is recorded by Dr. C. W. Kahl (*Pacific Medical Journal*), and while the treatment might have been better, the result was more than is usually expected in a case of such high temperature. We regret the doctor did not make a diagnosis of the case, but it likely was one of septic peritonitis, due to infection from the umbilicus. It certainly is another straw to help us fight for life even if the thermometer reaches the point which our text-books say "is invariably fatal." We give the case below:

October 7, 1902, delivered Mrs. M. after twelve hours of slow and difficult labor. As it is my custom, when I have time, and I have much to spare nowadays, I visited patient twice daily for nine days; at that period dismissed case, as both mother and child were as well as could be wished for. On the evening of the eleventh day I was sent for to see the child, the mother saying it did not seem very well. At 5:30 p. m. the temperature per rectum was 110°+, or equal to 112° had the graduation extended as the mercury raised. It would be difficult to say just how far the mercury would have risen had I had a longer thermometer. There had been no action of the bowels in 24 hours. The babe refused to nurse. Its head rolled from side to side, eyes partly open, lips parched and everted. There was tympanites, and a slight superficial inflammation of umbilicus. The breathing short and shallow; general appearance of child, great pain.

I at once ordered cold baths every two hours, antiseptic wash for umbilicus; also rubbed the abdomen with sweet oil and turpentine, castor oil ʒj doses every four hours. Strychnia sulph. gr. 1/8, quinine sulph. gr. v. syr. simplix ʒiij; ʒj every two hours.

At 8 a. m., twelfth day, child rested better, nursed some, general in-

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flammation of umbilicus subsided; appearance much improved; temperature 101½° F.; there was no action from bowels, though several doses of oil had been administered; so to continue the laxative medicine I gave it magnesium, sulph. ℥ss, aquæ ℥j, of this ℥ss doses every half hour till free action from bowels; the strych. and quinine continued.

At 6 p. m. temperature 99½°, free action from boweles, first hard and curded, followed by green and slimy stools, this condition lasted for two days. At 6 p. m. next day, temperature 99°, child, nursed, slept well, tympanites disappeared; umbilicus healed perfectly. There was complete recovery.

REDUCTION OF HIP-JOINT—CONGENITAL.

The method of reducing congenital dislocation of the hip-joint, used by Prof. Lorenz, the celebrated Austrian surgeon, and as performed by him on his Chicago patient, is given as follows in the *Medical News*, of New York:

This bloodless method of reduction in the treatment of congenital dislocations at the hip may be described, briefly, as follows: The thigh is strongly abducted and the adductor muscles are torn from their attachment by chopping or sawing them with the edge of the hand. This must be complete, as this group of muscles prevents the superabduction so necessary to keep the limb in place after it has once been reduced, After the muscles are torn through, the limb is stretched to pull the head down to the level of the acetabulum. When this is reached, the thigh is flexed and extended vertically upwards, at the same time making pressure behind upon the trochanter so as to force the head forward. Then, still keeping the hand or wedge beneath the trochanter, to act as a fulcrum, the leg is abducted and the head slips over the posterior rim of the acetabulum with a distinct snap.

The head is now in the acetabulum, but has no tendency to stay there, and becomes redislocated as soon as one attempts to straighten the limb. To overcome this, the hip is reduced and redislocated several times, the joint is rotated and pressed in so as to bore out the acetabulum.

In cases of greater difficulty, Lorenz attemps the reduction over the upper rim, which consists of making traction upon the thigh by means of a skein of yarn slung about the leg and pulled rhythmically by several assistants. The use of the screw for this purpose has been given up on account of the danger of fracture. The leg must be rotated inward to guide it to the acetabulum, while countertraction is made by means of a perineal band.

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The physical signs accompanying a successful reduction are easily demonstrated and cannot be missed. The leg becomes as long as its normal companion; the hollow Scarpa's triangle becomes filled up, and the head can be palpated beneath the femoral muscles. The knee bebecomes flexed from shortening of the hamstring muscles. The snap, which is felt and heard at each reduction of the joint, can often be made out by observers several feet away. Upon redislocation all of the above signs disappear, The second step iu the operation is to turn to use what has been gained in reducing the head. As already mentioned, the head slips into the acetabulum only after extreme abduction combined with flexion and internal rotation has been attained. Any lessening of this extreme position aliows the thifih to become redislocated. Therefore Lorenz fixes the limb by means of a plaster cast in this extreme position, and after the first few days of pain and restlessness pass away the flexed limb is fitted with a high shoe so as to enable the child to bear its weight upon it. In this manner the child is encouraged or rather forced to run about all day on this limb, so as to allow of the functional burdening of the head and acetabulum. This pressure soon digs out a new joint, which is easily demonstrable by means of the X-ray. Crutches are never to be used for they defeat this purpose.

After six months the cast is removed, the leg brought nearer to the horizontal and a new cast applied. Finally, after eight to twelve months, the cast is taken off altogether, and a high shoe is placed on the sound leg to preserve a small amsunt of abduction; this, with massage, electricity and gymnastics.

LET NATURE TAKE ITS COURSE.

The following advice from the pen of Dr. L. A. Martin (*Medical Century*) we commend to our readers as worthy of attention and heed. He says:

In the mouths of all old women, many nurses, and some doctors, you will find the words of my text—

"Let Nature take its course."

But in the chasing after new Gods and strange Goddesses the course of Nature has been beset with many cares, and well-nigh lost in obscurity.

It was never the intent of nature to jeopardize the life of mother and offspring in populating the world.

The world has grown older, and in many ways wiser, but dystocia still exists, and with many series of complications. And for why? "He that increaseth knowledge increaseth sorrow." Mental growth has in-

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creased the size of the fœtal head. Improper food increases ossification of fœtal structures. Lack of exercise weakens abdominal muscles. Modern dress has contracted the pelvis and produced mal-positions. Ignorance of nature's laws and needs bring its penalties and punishments. Delayed and painful parturition exhausts the mother mentally as well as physically, leaving her in poor condition for lactation, if not, as sometimes happens, destroying the milk supply. The sooner labor can be terminated without injury to the mother the better able will she be to resume her duties of mother and wife. The less pain and anxiety she undergoes the better the condition of the nervous system. Do everything possible before confinement, and so lessen subsequent duties.

Let nature take its course, by correcting all disturbances of the digestive tract, the urinary organs, the circulation, the nervous system and the breasts.

Correct uterine displacements and discharges and pelvic deformity if possible. And render hemorrhages, convulsions, fainting, exhaustion, fever, puerperal mania and phlegmasia alba dolens impossible.

Let nature take its course, by rendering labor as prompt and painless as possible with the indicated remedy, by baths, massage and unguents, by anesthesia, and, if necessary, by forceps. Always remembering that the course of nature is free from infection, and goes forward with surgical cleanliness.

The obstetrician is doing his duty only when he understands what nature is trying to do, helps her to do it, and does it best and quickest, and that help should begin as soon as pregnancy is recognized, and continue until lactation ceases.

The obstetrician's duty is not circumscribed by the accouchement. Confinement should be concluded like a cure with the indicated remedy, quickly, safely and pleasantly.

The means to this end is to quote to you the key-notes of the materia medica, a knowledge of which, and of your patient, is the only solution of the problem.

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Materia Medica and Therapeutic Hints.

Gelsemium.—Colds which localize themselves in the nasal mucous membrane, with a copious, thin discharge from the nose, watery inflamed eyes, soreness of the throat, hoarseness and pain in the forehead, especially at root of nose.—*Medical Century.*

Conium.—Cutting pains are very characteristic of conium and they occur in almost every organ and tissue of the body, thus cutting in the urethra while urinating has been verified. A cutting, darting pain in the abdomen is also curable by conium; in fact, it should not be overlooked in colic that is low down in the abdomen, and especially if accompanied with dysuria.—*Medical Century.*

Ammonium Mur.—Frequent sneezing, with crawling in the throat; worse on right side, and apt to affect ear on that side. Coryza, watery and acrid. Nostrils and upper lip corroded. Sensation, as if the nose was obstructed with a large body, which causes itching, but cannot be relieved by blowing. Apt to be worse mornings.—*Home. Eye, Ear and Throat Journal.*

Antimonium Crudum.—Eyes and lids are inflamed; itching, with nightly agglutination and morning photophobia. Soreness of *outer* canthi. Inflammation of lachrymal gland and ducts. Chronic blepharitis of children. Ears have a moist eruption, both on and behind. Sore, cracked and crusty nostrils, with frequent complete stoppage. Inhalation of cold air painful.—*Homeopathic Eye, Ear and Throat Journal.*

Kali muriaticum.—This remedy acts upon the exudations which occur in the connective tissues when deranged and has been frequently curative in certain forms of diphtheria accompanied by great prostration. The exudations are whitish-gray in appearance, the lymphatic glands are enlarged. In coughs, that are hoarse, and where the breath is offensive, accompanied with soreness of the chest it often works like a charm.

For Chronic Nasal Catarrh.—

℞ Sodii Boratis.....60.0 (℥ ii)
Acidi Benzoici..... 0.6 (gr. x)
Misc. Fiat pulvis No. 1.

Sig. To half a tumblerful of water add half a teaspoonful each of the powder and glycerine. Use freely as a lotion.—*Bntler's Text-Book of Materia Medica, 4th Edition.*

Aconite.—In the earlier stages of acute rheumatism there is no remedy like aconite. It reduces the pulse, lowers the temperature and

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seems to antidote the rheumatic poison. It should be continued until unmistakable symptoms of some other remedy present themselves; in fact, an English physician once remarked in a discussion on the treatment of rheumatic fever that he had never seen any good follow the administration of bryonia unless it had been preceded by aconite.—*Medical Century.*

Iodine for Tonsillitis.—In accute amygdalitis, tincture of iodine locally applied with a camel's hair brush, is highly recommended by Floersheim (*New York Medical Journal*). If the patient complains of burning, he may use a gargle of plain warm water after two minutes. If no burning feeling results, the application should be repeated in three or four minutes. In an experience of sixty-eight cases the author has seen the best results from this remedy, which often gave complete relief when other medicaments had utterly failed.—*Medical Council.*

Lycopus Virginica.—Lycopus is really a remedy that has been given ta the medical world by the eclectic branch, they being the first to note its use in pernicious tachycardia. It is indicated when the heart's action is tremulous and the eyes protrude. It promptly relieves the staring of the eyes and the cyanosis from the general relaxation of the system. When cardiac diseases follow rheumatic fever, accompanied with a racking fever, palpitation, a weak irritable pulse, especially if it should intermit, would be the set of symptoms in which bugle weed would be curative.

Anacardium.—One of the peculiar symptoms of this remedy is "sensation as of a plug," this may be noticed in various parts of the body. Its chief sphere of action is on the nervous system, apparently the vegetative, and forms the center of a group of drugs for neurasthenia, of which picric acid forms one end and phosphoric acid the other. Its mental symptoms are the best guides for its exhibition. The desire to swear, the mental dullness after, and moroseness which is sometimes noted after sexual indulgence, and the discharge of prostatic fluid at stool should serve to bring this remedy to mind.

Alumina in Progressive Locomotor Ataxia.—Prof. McIntyre says in his work, "Stepping Stones to Neurology:" Perhaps this remedy is nearer the true similimum, both in its symptoms and pathology, than any other remedy. Therefore it is more frequently indicated than any other for pain in the lower extremities with muscular weakness, impossible to stand with closed eyes, soles of the feet feel as if they were swollen or cotton were in the shoes, numbness of the heels, when walking staggers and is compelled to sit down, no desire for stool or ability to pass stool until there is a large amount in the rectum, then it is hard, dry and knotty.

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Manganese in Dysmenorrhea.—The black oxide of Manganese, in three-grain doses, thrice daily for a considerable period, say three months, has cured dysmenorrhea. It seems to be the most useful when the flow is preceded by pain, growing rapidly worse just as the flow appears, and which tapers off during the first day, at about the end of which it ceases. Its action is upon the nerve centers, and, therefore, not to be given only in pale-faced women. It may be given in 5-grain doses, but it is the opinion of some who have used it that the smaller dose is as efficient as the larger one, and that the larger may, if long continued, cause some objectionable signs.—Dr. A. H. P. Leuf in "Gynecology, Obstetrics, Menopause."

Diagnosis of Hysteria.—A fact to be remembered is that it is only hysteria that we have anesthesia of the whole body. With regard to the diagnosis of hysteria, the anetshesias furnish the most certain criterion, and the paralyses are usually admitted as good helps. The fixed contractures are more puzzling, the tremor is very similar to that of multiple sclerosis or alcoholism, but can usually be detected by the associated symptoms. The mental state is most readily recognized when it shows a sharp differentiation from that previons to the onset of the disease. Crises may occur without indicating a fixed or major type of the malady; that is they are incidental in many persons of unstable nervous system.—*Medical Record.*

Diagnosis of Insanity.—When called upon to examine a patient with the view of commitment, secure, if possible, in advance, an account of his or her antecedent history, the age, occupation, environment and family history. This data is usually obtainable from the family before you interview the patient. In making this record it is well to consult several of the immediate friends, for in this way we may secure supplementary testimony, perhaps of importance. Such a history should be obtained and recorded methodically—commencing at the beginning (and making sure, too, that it is the beginning) and progressing systematically down to the present time. If there be traumatic history, inquire into the details of it. Note whether there was anything unusual in the patient's physical condition, or in his environment at the time of, or just before, the appearance of his aberration of mind.—*The Hahnemannian Monthly.*

Phosphorus in Syphilitic Skin Lesions.—Mr. C., æt. thirty, came to the Hahnemann College June 21, 1898 and gave the following history: Ten years ago he contracted syphilis which yielded to treatment promptly. He persisted in this treatment for about eight months and thought himself cured, until two months ago when there appeared a scaly papular rash on his wrists and some on his legs. That on his

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wrists was a dry, rough, scaly and cracking flat papular rash, while that on his legs was similar; it also tended to ulcerate. His general health was run down and his nervous system evidently suffering from the effects of the specific poison.

A diagnosis of syphilis was made and the patient put on phosphorus 2x three times a day. No local treatment whatever. An uninterrupted recovery in two months was effected, but the treatmeat was continued for a much longer period.

Phosphorus is often one of our greatest remedies in syphilis. It applies most often to the chronic or tertiary stage, having both skin lesions and nervous debility. Phosphorus is rarely useful during secondary stages. —Prof. C. D. Collins in *The Clinique.*

Treatment of Scarlet Fever.—Dr. Grosz (*Arck. f. Kinderheilh.* Bd. 34) sums up his treatment of 168 cases of scarlatina at the *Brody-Kinder-hospital* as follows: When the febrile stage was over the children were kept in bed for three weeks as a safeguard against complications. The urine was examined daily from the first day until the end of the third week. For a temperature of 103° chinin or antipyrin was given and the patients were sponged with water at room temperature. For the angina ice water compresses were applied and the throats were irrigated every one or two hours with three per cent. boric acid or 1 per cent. chlorate of potash. When nephritis ensued a diet of milk and eggs was given, for the edema, pulse weakness and oliguria, digitalis, acetate of potash, or dieuretin were prescribed. If diuresis could not be established by these drugs the patients were given baths at 99°—104° F., and afterward were wrapped in woolen blankets for one to two hours. These baths were considered contraindicated in high fever, heart weakness and lung involvement. Where these symptoms were present cold wet wrappings were used with a dry covering over all. In continued albuminuria and anemia chinin tannate with a diet of eggs and the lighter meats was prescribed, with good effect.—*Medical Review of Reviews.*

Pediculosis and its Treatment.—Jos. T., age eight years, was brought to my clinic on July 26, 1898, to see what could be done for a troublesome skin disease, as the mother said. He had had an intolerant itching for eight months and was slowly getting worse. Examination revealed a vast multiplication of secondary lesions, such as crusts, scratch marks, blood, pus, scales and inflammatory points situated mostly on his hands and between his fingers, on the forearms, about the neck, buttocks and legs—a truly pitiable sight. His mother said his itching was most intense at night. From this picture a diagnosis of scabies and eczema or urticaria might easily have been made and the true diagnosis of pedicula overlooked, but if you keep in mind the primary lesions of der-

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matology and search for them you cannot err in diagnosis. It is well known that pediculosis has no primary lesion but an abundance of secondary. Scabies, eczema and urticaria all have primary lesions and can be diagnosed by these lesions, but here I had a condition without a primary lesion, only secondary, therefore, I proceeded to look further and soon located pediculi in the hair; therefore a diagnosis of pediculi.

Treatment.—A soap and water shampoo from head to foot and complete change of clothing. All the garments must be either boiled or laundered, or garments which cannot be laundered should be put in the oven and baked for half an hour; the bedding likewise. For the scalp the following lotion was given:

℞. Hydraryg. chlor. cor. ..... grs. vj.
Glycerine ..... ℥i.
Sp'ts vini rect. ..... ℥iii.
Aq. rose q. s. ..... ℥vj.

Rub on the scalp at night; on the body a sulphur cerate was used daily. Rapid improvement followed; a complete cure in three weeks. —Dr. Collins in *The Clinique.*

Hypericum.—This is an excellent remedy for acute pain arising from injury to spinal nerves, whether in the extremities or elsewhere. It is often more serviceable and always less injurious than morphine. In those painful contusions and lacerations of the fingers and hands it is indicated internally and externally. In shock, spinal or cerebral, it is of value. In those neurotics, who always have a tender spine, it acts beautifully. You may say that any remedy does when indicated. It is not my purpose to write a materia medica; only, if possible, to arouse some thought and discussion. I think arnica has often been prescribed when hypericum was indicated. Arnica is better in contusions, with much tumefaction and marked echymoses; hypericum for injury to sensory nerves and concussion of spine or brain. Cowperthwaite compares hypericum, arnica, rhus, symphytum and calendula; rhus for sprains, symphytum for bone injury and calendula in wounds, with loss of substances or with suppuration. Calendula is a remedy *par excellence* for suppuration and to limit the formation of pus where it is impossible to render a wound aseptic. It did me excellent service in a case of compound fracture of the leg. Both bones were broken, the four ends protruding, and all the tissues mangled and filled with filth. Suppuration was inevitable, but I am satisfied that it was very much abridged by calendula. A neglected burn of neck, shoulders and breast, secreting pus by the ounce, was also changed from a spreading, ulcerating, irritable sore to a healthy, granulating surface, by the internal and local use of this remedy. Multiple cervical abscess, with a fistu-

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lous opening, from which quantities of pus were pouring, was materially benefited by the internal use of calendula. Calendula prevents or lessens the formation of pus.—*H. H. Potter, M. D., in Medical Arena.*

Baldness: Its Causes and Treatment.—S. Jessner, M. D. (*Merck's Archives*, June, 1902).—Jessner divides baldness into five varieties, namely: First, alopecia adnata, senilis and prematura; second, alopecia seborrheica; third, alopecia mycotica; fifth, alopecia symptomatica.

The first variety is congenital baldness; the hair may or may not make its appearance later in life.

The alopecia senilis is a physiological process, no pathological process being present, but in premature alopecia care must be taken in the diagnosis, as seborrhea may be present.

In the second variety, seborrheic alopecia, it is most important to detect a beginning of the process or a mild seborrhea. He quotes Pohl-Pincus, who gives the following directions: Falling of hair is preceded by diminished growth of the hair in length. The fact may be ascertained in women, in case they do not burn the ends of the hair, by examining every day the hair coming away in combing. If the number of removed hairs, which are less than six inches long, constitute more than one-fourth part of all the hair coming away with the comb, it is a sign that a pathological process is taking place in the scalp. In men the method is simpler; we only have to look for the cut hairs in the daily waste, and if they are numerous the hair is "falling," since normally the newly growing hairs remain on the head up to the time of "shearing."

The prognosis of chronic seborrhea is not so hopeless if proper treatment is instituted in time. The treatment of seborrheal alopecia consists in thorough washings of the head with soap and hot water, supplemented in severer cases with the application of antiseborrheal ointments or lotions. Advanced alopecia is treated similarly to alopecia areata.

The secret of success lies in patient and persistent treatment. No cure must be expected in the course of a few weeks' time. Months will elapse before treatment can be abandoned, and even afterwards shampooing at regular intervals will be necessary if the seborrhea is to be held in check.

The third variety includes alopecia areata, for which he recommends the usual line of treatment, especially chrysarobin and the faradic brush.

In the fourth is included the known parasitic alopecia, and the fifth is the alopecia which is the result of external or internal diseases, as syphilis, leprosy, acute infections, etc.

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Pernicious Anemias.—Dr. George Dock (*American Medicine*) leans toward the belief that pernicious anemia is due to excessive and peculiar degeneration of blood-cells, especially in the portal area, with the fetal type of blood formation secondary, perhaps as the result of the incompetence of the ordinary tissue, as Eichorst long ago supposed. The poverty in red blood cells is diagnostic. One should begin the treatment of a case of pernicious anemia with the hope of improvement for at least some time, and be guarded in the expression of a prognosis as to duration. Of iron, the author remarks that the fact of there being an excess of iron in the liver cells does not seem to him a good reason for withholding that drug. Mercury bichloride is mentioned as having been frequently used with satisfaction, not only in syphilitic cases, but in others. In the author's opinion, it acts much as arsenic, by irritating the blood-forming organs. It can often be combined advantageously with arsenic and iron, as well as with hydrochloric acid, the dose of each being carefully adapted to the case.

Treatment of Sepsis.—A. J. Wernitz (*Cent. f. Gyn.*), warmly recommends the following procedure for the treatment of sepsis: Through a rectal tube a warm one-half to one per cent saline solution is allowed to run gently into the intestine by raising an irrigator in which it is contained. The irrigator is then lowered, allowing the return flow of the fluid. It is then alternately raised and lowered, changing the fluid as it becomes impregnated with fecal material. When the intestine has been cleansed in this way so as to leave its walls free to absorb, the alternate raising and lowering of the irrigator are so timed as to permit more to enter than to flow out. In an hour about one-half to one liter of saline solution will be absorbed, causing marked increase of the quantity of urine, loss of thirst, and dryness of mucous membranes, and profuse perspiration.—*Jour. of Obstetrics.*

Colocynthis in Ovaritis.—It has been well said that pain is the principal and most essential indication of Colocynthis. In the digestive system it plays an important part in the treatment of colic, when the pains are of a griping or cutting nature, and in dysenteric diarrhea, in which the colic is severe. In the nervous system it is indicated in neuralgic hemicrania (in which there is a sensation as if the head were in a vise, and there is present a cutting, burning, or pressive pain in the eyeball); in facial neuralgia (left side chiefly), accompanied with toothache and headache (the pains being of a stitching, tearing character); and in sciatica (the pain being of a lancinating nature, and darting down the leg from the hip to the foot). I came recently across a case, that of a young lady, who was suffering from stitching and colicky pains in the left

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ovary, which was greatly inflamed and very tender to the touch. She stated the pains were almost unbearable, and extended through the left groin down the leg as far as the left knee. A week's treatment of Colocynthis Θ, 2 minims, every three hours for the first few days, and three times daily afterwards, speedily removed the pain and inflammation, and restored the ovary to a normal and healthy condition. By referring to the *Homeopathic World* for March of this year, the reader will find another case of ovaritis reported by me, and successfully treated by Colocynthis.—Kopp, in *Hom. World.*

Insuring Children's Lives.—A recent case in Philadelphia, in which suspicion has been directed against a father and mother of having administered arsenic to their children for the purpose of securing insurance money, has again directed public attention to the whole subject of insuring the lives of young children. As that particular case is still the subject of legal inquiry, it would be highly improper for us to express an opinion upon it, and we most earnestly trust for their own sakes and the sake of humanity, that these unhappy parents will be fully exonorated. The general subject, however, is one that ought no longer to be ignored. A few years ago a wretched woman was hanged in this city for this crime.

If it should ever be ascertained that the insuring of the lives of young children furnishes a temptation to poverty-stricken parents to perpetrate this most unnatural and most horrible crime, the law should prohibit such insurance. A few authenticated instances of such crime should be sufficient ground for condemning the whole practice. In fact, the ugly suspicion is aroused that instances of such crime may have occurred and never been suspected. Death from gastro-intestinal diseases is very common in young children, and the symptoms of arsenical poisoning might readily be overlooked. This fact cannot be too much insisted upon.

It is against good polity to sanction any usage that is found to offer an incentive to crime. The insurance of helpless little children may constitute such a usage. The subject is one that has already occupied public attention in other countries as well as in the United States.—*Philadelphia Med. Journal.*

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THE MEDICAL VISITOR

WILSON A. SMITH, M. D., EDITOR.
WM. BYFORD TAYLOR, BUSINESS MANAGER.

DECEMBER, 1902.

[The editor of THE MEDICAL VISITOR is not responsible for any opinion expressed by its contributors. Everyone has a cordial invitation to contribute upon any subject connected with medicine or allied sciences. We believe in a broad medical platform, and the only restriction is that contributors shall be free from all personalities.]

Articles for publication, books for review, exchanges, etc., should be sent to the editor, Morgan Park, Illinois, and all business communications to the Business Manager, 95 Wabash Avenue, Chicago, or Lansing, Mich.

Editorial.

TO YOU.

THE MEDICAL VISITOR, doctor, may enter your office the first time this month, and if it does, it comes with the request that you will look it over carefully, note the table of contents and ponder over the good things that have been presented to its readers from month to month, and consider this a polite invitation to extend it an invitation to visit you every month this coming year. This is not an extra number, but just the same kind that greets you with its burden of original articles, its splendid excerpts and its therapeutic hints. If you like it the editor and publisher would be very happy to enroll your name among those it has constantly visited during the past five years.

THE UNION OF THE SCHOOLS.

It seems strange, indeed, that different persons read the same article and interpret its meaning exactly opposite. For instance, the lesson we aimed to impress upon our readers, in relating to the Story of Samson and Delilah, was that a union with the regular school, when that union meant a surrendering of our distinctive title, just at the present time, is uncalled for, unwise, and hazardous to the school in whose tenets we believe so far as internal medicine is concerned.

A goodly number of letters have come in from our readers praising the position which we have taken and the larger number of these correspondents, have interpreted the thought correctly which we had in mind at the time of writing the editorial. One, especially, says, "I be-

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lieve, as do you, that the time is not yet when we can lay down and sleep with the lion, but that it is coming I have no doubt."

That there is no good in the old school no one with the least bit of common sense will claim, but that their method of treating patients with internal medicines is largely unscientific, no one acquainted with the methods of the Homeopath will deny. That there still remains in the dominant school a goodly number of those who believe that a homeopath is either a knave or a fool there is no question; that the best men of that school have more than a glimpse of the truth of the contention of Hahnemann of the dual action of remedies is in evidence everyday; that this element is growing, more and more, to be the dominating element in the regular school is witnessed by the spreading of the invitation, which first came from the New York State Allopathic society to the homeopaths to meet with them, it has been extended from the national society, the American Medical Association, and the county and state societies. Many of them, do not ask the question, With what school does the applicant affiliate? but is he a physician, in regular standing, and does he avoid offering his services because of his pathy?

This teaches us, if it teaches anything, that the time is coming when members of the two schools will be able to intermingle with each other without the fear of being ostracised by one branch or branded as a knave in the other. But until that time has safely arrived there is nothing to be gained by being cyclonic-like in our haste to get in, until the evidence is presented upon every hand that these invitations are not of the character which the spider gave to the fly.

Some of our best friends we number among the allopaths. While they object to the term allopath, we tell them that as soon as they cease to refer to themselves as "regulars," inferring by that that we are irregular, we will call them physicians, without any qualifying adjective.

The animosity, however, which still exists in many quarters must be whipped, and thoroughly whipped, before we surrender one right or tittle which we possess. When these obstinate old fellows have been kicked out, the men who refuse to see "any good from Nazareth," then it will be time for us to say to our friends, "we are ready to meet you half way."

But what an insult was offered to every homeopath by the dean of the medical department of the University of Pennsylvania, when he refused to permit a physician to take a post-graduate course in that university, because, and solely because, *he was a homeopath.* How much of brotherly love was exhibited by the staff of a Long Island hospital who resigned in a body, not because they were tired of the work, nor that it was too hard for them, nor that it took too much of their precious

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time, but solely and simply because of the fact that the trustees of that institution saw fit and deemed it proper to appoint a homeopathic staff to work in unison with these same allopaths. And this has happened in the dawn of the 20th century.

You recall the story of Thomas; he must see the wounds in the side, and the nail holes in the feet and hands, before he believed he stood in the presence of the Master. So, too, we must see the evidence of the strength of this noble, generous and progressive minority, of the allopathic school, and thank God, growing minority, in their being able to affect the removal of such a man as the Dean of the University of Pennsylvania, and enough of their best men in Brooklyn offer to take the places of the resigning staff of the hospital. When that time comes count us in.

The recent union of the evangelical churches is the true basis for the union of the schools. No church is asked to surrender its distinctive title, if it desires to retain it, but all work together for a common good. That is the true fellowship; that is what is coming in medicine; that is the evidence of a brotherhood that rises above creeds, and pathies, and beliefs, that bends itself and its energies for the help of suffering humanity, each doing the best it possibly can, and each laying its trophies of experience in the laps of the united schools.

And this union is coming. Whether we like it or not, whether it means the final amalgamation of all the schools, allopathic, homeopathic, eclectic, under just one banner, or a union for all time under three distinct methods of working, we do not know, but this union is coming.

IN MEMORIAM.

The Boatman from the farther shore touched the banks, this side of the River of Life, and when he left he bore with him two men and left behind aching hearts and tearful eyes, and trembling lips, not only in the homes of those whom he had entered, but all over this country where Homeopathy is known, in the great schools where it is taught, and where mothers watch with tender love their developing children.

Dr. Robert Newton Tooker and Dr. A. W. Woodward both heard the whisper of the pale boatman, and both, laying the burden of life at his feet departed to "that bourne from whence no traveler ever returns." Both men belonged to the same college faculty, had stood as sponsors at the birth of the Chicago Homeopathic Medical College, and taught the same classes, each in a different specialty, each as thorough and as capable, each as enthusiastic and untiring. They had watched the growth of the great institution until it stands among the leaders, had given of time and

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money, and had spent many of the best hours of their lives on the rostrum.

For a quarter of a century these men had worked side by side, had borne the heat and burdens of the day, had labored and toiled with the same end in view, lived to see a full fruition of the earlier ambition, and then each wrapped the somber robes of Death about him and lay down to pleasant dreams.

But they are not dead. Lives are measured by deeds, not by years, and death cometh only to him who has not left a memento of having lived. Among the two thousand men who have passed from the portals the Chicago Homeopathic Medical College, carrying the diploma of the school bearing the names of the well loved professors these men still live. The kindly face, the gentlemanly bearing, the dignified appearance of the eloquent professors still retain a place in the memory of each alumnus, and as the days come and go, and weeks change to months, and months to years, only the best of these two dead soldiers still be living.

More than that, wherever children are born and have diseases and homeopathic physicians attend to the wants of these needy little folks, will the names of these two men be remembered, one as a master of materia medica, the other as a past-master in the art of pediatrics. Just as the night drew on, and daylight drew the mantle of darkness over his life, Dr. Woodward finished his work on materia medica and Dr. Tooker's "Diseases of Children" will remain a text-book in our colleges and as a reference book long after the hand that is penning these lines shall have mouldered into dust.

Two great men have fallen; two noble men have departed from earthly scenes; two gentlemen have ceased their labors. Each has left a lesson for the coming generation; each died full of honor and renown. May their rest be sweet and full of hopes fruition, and on the farther shores may we clasp hands again where parting never comes.

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News Items and Personals.

Diphtheria is reported epidemic at Wausau, Wis., and one adult has died.

The first thing to make the New Year a happy one is to renew your subscription now.

Dr. C. H. Vilas, Chicago, has returned from a trip to Japan, where he spent some time.

Major Walter Reed, Surgeon U. S. A., died at Washington, D. C., from appendicitis, aged 51 years.

Dr. Walter B. Strong, a graduate of Hahnemann, is building up a good business at Benton Harbor, Mich.

W. W. Wilson, M. D., one of the oldest homeopathic physicians of Paris, Ill., died very suddenly Oct. 17th, 1902.

The city of Rochester, N. Y., has to put her smallpox patients in tents because of the lack of an isolation hospital.

The government of Bavaria has ordered a chair of homeopathy to be established in its great medical university of Wurtzemburg.

The faculty of Northwestern University has excluded all those students who do not believe in vaccination from the class-rooms.

Dr. Benj. F. Bailey was elected president of the Missouri Valley Homeopathic Medical Association at its meeting held Oct. 22 and 23.

Dr. W. E. Taylor, of Hahnemann Medical College, has been elected chairman of the Civil Service Board of Illinois. Dr. Taylor is a hustler in politics as well as medicine.

We learn from the *Pacific Coast Journal* that Dr. F. F. Laird is seriously ill at his California home and grave doubts are entertained of his recovery.

The University of Wisconsin will include dissecting in the university course, enabling a graduate to complete the medical course within two years after the graduation.

Dr. Samuel F. Shannon, who several years since, furnished our readers with a series of papers on the Tissue Remedies, has removed from Denver and located at Sewickley, Pennsylvania.

Dr. Stanley G. Small, Allegheny, Pa., met with an accident during an operation from which he suffered during October and November but at this writing has again returned to work.

Dr. S. C. Long, Bakersfield, Col., and Miss Nona E. Adams, Lexon, Iowa, were married Oct. 15th, 1902, at the home of the bride, and are "at home" now in the Doctor's parish.

Our old friend, Dr. A. K. Crawford, because of the demand made upon his time by his Oakland patrons, has discontinued his San Francisco office. We are much gratified to learn of his success in the far west.

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Doctor, if you are a new reader and like this journal, won't you show your appreciation of the same by sending in a dollar today for it to come a year to you? That is the sort of invitation the editor likes.

Dr. Willard says: The only rational treatment of gonorrheal rheumatism is to open the joint and irrigate with antibacillary fluids. This is in line with Dr. Pratt's ideas, who declares he has lost lots of his fear of joints.

Our old friend, Dr. G. F. Freemeyer, of Benton Harbor, Mich., attended a reunion of the old soldiers at the Capital this fall and upon his return fractured his leg. With the aid of his wife he set it and is now doing well.

The number of points where smallpox exists in Pennsylvania, has more than doubled since August. The State Board of Health of that state has asked for an appropriation of $50,000 to assist local boards in stamping out the disease.

Dr. Edward P. Scales, a senior of the American Institute of Homeopathy, joining the Institute in 1867, and the oldest physican in Newton, Mass., fell upon the stone steps of the City Library of that city, causing an injury from which he died.

Dr. O. C. Brickley, a pioneer homeopathic physician of Pennsylvania, died at his home, York, Pa., on Oct. 2, 1902. Dr. Brickley was one of the well beloved physicians whose going leaves an empty and an aching void in the homes of his many friends.

The type of diphtheria in this city is far more malignant than in recent preceding years and the deaths are much more numerous. All of which goes to show,—well, let's wait and see how our former associate comes on with the great specific.

Dr. C. T. Wiant, Marion, O., informs our correspondent, Mr. A. Edgar Frankland, that his success with the X-ray treatment in malignant growths has been marvellous and the doctor is now devoting a greater portion of his time to the treatment of these cases.

Dr. W. A. Barnes has located at Martinsburg, West Virginia. This is a splendid field and has been in the need of a man of Dr. Barnes' ability for several years. He was formerly at Clarksburg, but in his new location we trust he will receive the success his attainments deserve.

Mrs. M. B. Campbell, the well beloved wife of Dr. M. B. Campbell, died at Potton Hospital Oct. 31st from pneumonia. Dr. M. B. Campbell's Illinois friends, and they are legion, will sympathize with him in his great loss, for Mrs. Campbell was a most charming person, a woman who was a help-meet, and a sustenance to the doctor in all his professional work.

Dr. Bartus Trew, Baltimore, Md., one of the most prominent homeopathic physicians of that city, has

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been very ill during the past two months, rheumatic troubles with heart complications being the trouble. The Doctor's many friends will learn with regret of his illness and so join the MEDICAL VISITOR in its wish for his speedy recovery.

Will our correspondents please note the fact that all communications of any character, relating to THE MEDICAL VISITOR, must be addressed to the editor, or THE MEDICAL VISITOR, 11109 Fairfield Ave., Morgan Park, Ill. The business management of the journal will in the future be carried on from this suburb.

A prize of one hundred dollars is offered by the *Medical Century* for the best essay on "Why students of medicine should select the homeopathic school." The contest closes March 1st, 1903, and among the readers of THE MEDICAL VISITOR we believe there is one or more who can win the prize. Write Dr. W. A. Dewey, Ann Arbor, Mich., for particulars and then sit down and write to win.

The real credit for the early appearance of the transactions of this year is due to excellent staff of reporters for this especial work by the recording secretary. It took two years to learn the exact ropes to pull to get such help and our stenographer, whose work was the best, and whose transcript was hardly changed was trained side by side with the recording secretary, the editor of this journal. It would be possible with such another corps of reporters to issue the volume within thirty days of adjournment and it ought to be done.

Our correspondent, Mr. Frankland, writes us that Dr. J. S. Barnard's Sanitarium at Baltimore is full, and just at present cannot accommodate any more patients. During the past year X-ray work, under the supervision of Dr. Janney has been in operation and most excellent results have been secured. Dr. Barnard is now enjoying the best of health and informs our correspondent that the past year has been one of great success. The sanitarium is one of the best in the east, has a perfect location, is ideal in its appointments and our readers cannot do better than remember Dr. Barnard's institution when considering the advisability of sending patients for sanataria treatment.

Dr. G. H. Patchen has accepted the position of editor of the department of physical therapeutics in the *Dietetic and Hygienic Gazette*. He is an able writer and we congratulate the publishers of that journal on securing the services of such a talented gentleman. Dr. Patchen has a fine practice among the wealthy citizens of New York City. He occupies a handsome suite of offices at No. 20 West Fifty-ninth street, overlooking Central Park and a few steps from the Vanderbilt and Whitney mansions. Our traveling correspondent, Mr. Robert S. Oliver, recently called on Dr. Patchen and was cordially welcomed and pleasantly entertained by that eminent physician.

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Societies.

The Homeopathic Medical Society of Chicago.

The November meeting of this society was held in the Great Northern hotel on Thursday evening, November 20th, 1902.

The society was called to order by the president, Dr. Mary Elizabeth Hanks, at 8:40 p. m., the room being well filled with students and physicians. The reading of the minutes of the last meeting was followed by their approval. No unfinished business appearing on the minutes, the president asked for those who had an interesting experience or a difficult case they desired to bring up, this opportunity was offered them. There being no response, the committee on legislation reported, through its chairman, as follows:

Dr. Joseph P. Cobb.—Ladies and Gentlemen, the committee has not any extended report to make, but you are, doubtless, aware of the effort of the old school to pass a bill to create a board of medical examiners which will be distinct and separate from the present state board of health. The old school has been doing some work along this line and getting their matter in shape for the coming meeting of the legislature. With one or two exceptions the bill which they have prepared is a good bill. I believe it is easier to amend this bill than to pass a separate board bill and if we try and fail to pass a separate board bill the matter will remain just as it is at the present time. They, the old school doctors, feel that they need our help in this fight for the reason that it is expected that so-called christian scientists, the different quacks, and others will fight the passage of this bill.

The first objection to the bill which I see lies in the clause where it says the governor may appoint certain members, nominated by the different State societies of Illinois having an actual membership of one hundred, and having at least twenty county medical societies. They claim that this board is to be non-sectarian, but I have told them that history teaches us differently and that it is impossible to have a non-sectarian board; these non-sectarian boards proving in the experience of those who have watched them the most sectarian. I suggest that the correct bill, one that would be satisfactory to us is that no school shall have a majority of the members of the examining board. But the reply to that is that they represent over 80 per cent., the homeopathic school 17 per cent., and the eclectics about three per cent. of the legal practitioners in this State. The objection, which I wish to emphasize, lies in the wording. It says the governor "may appoint," and I think it should be changed to read "shall appoint."

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However, I have come here for instructions and advice. I want to find the sense of this meeting, as to how far this committee shall go, how much they shall concede and whether it would be better to introduce a separate bill asking for the appointment of three distinct boards. This legislative business is expensive business and costs one not only his board, and other expenses, but his time.

In response to questions of Drs. Wilson and Shears, Dr. Cobb stated that he believed it would be difficult to get the old school to agree to separate boards for the different schools of medicines; he believed that a majority of our school thought the separate boards successful and more satisfactory.

Dr. Shears made a motion, which was seconded by Dr. Wilson Smith that the committee be instructed to have inserted the word "shall" instead of "may" and that the final settlement be left to the judgment of the legislative committee.

Dr. N. B. Delamater in discussing the motion said that he was in hopes somebody else would first discuss the motion. I am not opposed to the motion at all. I know something of the troubles and trials of that committee. Personally I feel that this committee can give the matter more thorough study, and come to a better judgment, and know the facts better than we possibly can in a meeting of this kind. If I were to make a motion it would be simply this: That this committee be instructed to use its best judgment to secure the best that it could. I see a little objection to one clause in the motion, and that is the clause in the law should have a definite number. There will be the usual claim made that this is special legislation, and that it will be impossible to get such a clause in the bill and have the law constitutional. Now whether that is a fact or not I will not discuss, but that is the argument they will offer against its insertion, and so I hate to tie our committee up with such instruction if they should run against a snag and find it were the fact.

A few years ago when there was a joint meeting of the legislative committee of the different schools the regular school was willing to accept a proposition containing a clause that Dr. Cobb has stated here they would not accept. Now I was in hopes that when this matter came up again they would be willing to accept it, or rather the clause that no one school should have a majority of the members. That was the way suggested of getting around the matter of special legislation and accomplishing the desired results, but if they wont accept it now, they wont. Of course, it is a fact that if two bills go into the legislature, a bill from their school and a bill from ours, that both would be defeated. I do not believe you can pass any bill under such circumstances. I think that if we go into the legislature and fight the bill that it will be defeated; I am certain that they cannot pass a bill

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against our opposition. Should two bills be offered the legislature would say to us, "If you will come in here with a bill which you agree upon we will pass it, but so long as you are fighting among yourselves we will have nothing to do with it." The only objection possible I have to the motion is that it instructs the committee. If the passing of the motion is rather that the committee use its best judgment I am in favor of it, but I certainly would like it if it were possible to have a certain number of homeopathic members named in the law.

Dr. Shears.—The resolution says it is the sense of this meeting; we instruct them that it is the sense of this meeting. The committee is one of the State society and we cannot bind them to do anything.

Dr. Delamater.—Then that is all right.

Dr. Wilson A. Smith.—I would like to ask if it is the intention of this society to instruct its committee, if it cannot get what it believes to be right, then to surrender and give the allopaths just what they want. I am a member of this committee, unfortunately; I have had the pleasure of being at Springfield on legislative matters and spending my good money, unfortunately, in the interests of the homeopathic school; unfortunately, I remember the joint meeting held by the different legislative committees and recall the promises made by the allopaths and distinctly remember the fact that they did not keep a single promise made. Unfortunately I have reached that point where I am constitutionally opposed to anything the allopathic school brings up for fear of the treachery which lies behind. Dr. Smith referred to an editorial which he has in The Medical Visitor and said the lesson of Samson and Delilah was one worth heeding. Samson had no trouble until he formed friendships with his enemies and that resulted in his downfall.

Now, said Dr. Smith, if they will not give us what we want, that is a fair representation; if they will not give us the right to examine our own graduates and our own practitioners, why should we give them that right? I feel that we should have that right, and I believe they cannot pass a bill unless we go to sleep and let them shear the locks from off our heads. We are in a good position in this matter and hold the balance of power. I want instructions in this matter and then I will know whether I can represent you or not, for I cannot represent anyone who is in favor of surrendering the advantages we already possess for a mess of pottage.

Dr. H. R. Chislett.—It seems to me that there is a great deal of unnecessary talk and feeling about the attitude the regular school has taken toward the homeopathic. It seems to me that the disposition of the majority of them, at least, is to let down the gates and drop the word "pathy" out of the question. We are all physicians; we are all in the profes-

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sion for the same end; we are physicians rather than "pathists" and their efforts, it seems to me, is an honest one to drop the words, allopathic, homeopathic and eclectic; that it is the desire on their part to make the whole body of us a body of physicians. It seems to me the old school is the one to make the advances and the ones to accept this are the homepaths. I am a homeopath, through and through, so far as my belief in internal medicine goes, but I am a physician more than a homeopath and believe that it is very hurtful to us as a school and to the profession at large to hold up this fight if the best ones of the school are willing to let it drop.

Dr. George F. Shears.—I want to say one word; I am not of quite the same view as Dr. Chislett in this regard. I agree with him that we are all physicians and that we desire to stand as physicians before the public; I agree with him that there is a more kindly feeling between the members of the different school now than probably has been at any previous time, and I am perfectly willing to go half way in any of these matters which will bring a proper recognition of all our schools, something we hope will take place in due time. Just as soon as they recognize the position of the homeopathic physician as being their equals in every manner, of medical work and standing, just so soon am I willing to go farther; but so long as any body of men assume that they are the regular physicians and by implication declare all others irregulars, or quacks, I feel that their offerings are insincere and must oppose them. Every physician who has graduated from a school of medicine, in good standing by the state board of health of Illinois, who is recognized as such by the laws of this state, is a regular physician and it is an insult to every physician when they use that term to designate the members of their school. I am insulted every time it is used, and this must be wiped out before I am going to work hand in hand with them. I am perfectly willing to meet them half way but not while I am stigmatized as irregular or defective in my knowledge of medicine. And when they reach that era of good feeling in which education is recognized as the basis of and not the school I will work with them, but until that time I am in favor of having a definite statement in the law as to what number of representatives we shall have, and have it so nobody can take it away from us, then I am willing to go and shake hands with them, but not until I am sure, absolutely sure, of my position.

Dr. Smith.—I would like to ask Dr. Chislett if he recalls the action of the present dean of the medical department of Pennsylvania's great university? A school supported by the taxes of the homeopathic patrons as well as by the patrons of old school men. A young man, a graduate of the Hahnemann Medical College of Pennsylvania, desired to

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take a post-graduate course in that university, and the dean of that celebrated institution refused him that privilege because he was not a graduate of an allopathic school. This happened in the year of our Lord 1901. With this example we want to bind the gentlemen down. Give us our own examining board, or make it so no one school will have a majority, and then I am willing to work to secure the passage of such a law. I am in favor of Dr. Shears' motion.

The President.—Are we ready now to vote?

Dr. W. Henry Wilson.—I would like to ask again what is the objection to the three-board plan? It seems to me if the committee desires instruction it would be unwise not to make an effort to secure the passage of such a bill.

Dr. Cobb.—It is very satisfactory in other States I understand.

Dr. Wilson.—It seems to me that it is fairer and offers a better solution of this question than a combination board. It has been a success in other States.

Dr. Chislett.—It seems to me that if the homeopathic schools are giving as good instructions in every other branch of medicine as the allopathic schools, and they claim they do, I do not see why we should ask for a separate examining board. I want to be set right in this regard. I am not pleading that homeopaths should not have representatives on that board, but I think in asking us to join their society in this work they recognize us as their equals as physicians, and all they want is simply to make the term physician above that of pathy, whether allopathy or homeopathy. This is the point I wish to take and I don't see any reason for separate boards of examiners. The members of the allopathic school, or the homeopathic school, can examine equally well, except in materia medica and therapeutics. That is the only thing in which we differ.

The President.—All those in favor of the motion will please say aye. The motion is carried.

The president appointed as a committee on the death of Drs. Tooker and Woodward, Drs. Cowperthwaite, Shears and Wilson to report at the next meeting.

Dr. Chislett, then as chairman of the evening, took charge of the meeting, and after reminding the doctors of the time limit for discussing papers, called upon Dr. E. H. Pratt to read his paper entitled "A Knee-Joint Case and Some of its Lessons." (See original articles in this issue).

DISCUSSION.

Dr. A. C. Cowperthwaite.—I do not want to say anything about this knee-joint case for the simple reason that I do not know anything about these things. I don't know whether orificial work had anything to do with the results or not, but I do know this: I think we are making a great mistake in not establishing in our colleges the suggestions

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which have been discussed by Dr. Pratt in this paper. I believe that manual and mental therapeutics should be in our curriculum. There is nothing today in christian science and doweism, or mental therapeutics, so-called, except what we, every one, realize and believe to be true, and the need of such a knowledge is felt by all who have been in the practice of medicine for sometime. We do not teach it to our students, however, and I must say I am heartily in favor of making it a part of the course of study.

Dr. J. J. Thompson.—I had this thought very forcibly brought home to me the last few days in a case of gonorrheal rheumatism of the knee-joint. My friend, Dr. Fruit, who saw the case during my absence from the city, I think will agree with me that it was about as hard a case as we ever saw. I believe I tried every homeopathic remedy I could think of to relieve the pain; I had prescribed antikamnia and codeine and various other mixtures, and they did not seem to have a particle of influence in relieving the man's suffering. The Doctor will be pleased to learn, no doubt, that the other night, when the patient was suffering extremely, a lady who has won some reputation as a manual therapeutist, was called in, and according to this man's statement, who was protesting against it, because he did not believe in it, in less than half an hour he went to sleep and passed a good night. They wanted to know what I thought about it the next day, and I replied that I thought it was a pretty good thing and to keep on with it. Apparently it is not curing the patient, but it has certainly done away with the necessity of codeine.

Dr. Pratt.—Among the things in this case I wish to bring out is the fact that you can go into a joint and scrape the bone, do bone work and not have to move it every day. If we will wait a couple of weeks and put the patient under an anesthetic and move it thus keeping the joint loose you will succeed. If you can establish a false joint where nature never intended there should be one, I do not see why we cannot help here in a case where the joint has become anchylosed. I tried it in a hip-joint case. I cut down and chisled out and got the joint loose, and had very good results for a week, and then I was called out of the city. I presume the result might have been the same had I been here, but I left word for the leg to be moved, and in some way it became infected, and that infection cost the patient his life. At the same time I was not satisfied to lose the case. Nature can smooth pretty rough cases. I would not dare to undertake these cases, however, without the knowledge of other forces.

Here is a fact that we all ought to know: When a part inflames it is the blood vessels that make the congestion, so if you can handle the nerves and arteries you will handle congestion and consequently the pain. If you have a congestion and

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put your thumb on the nerve trunk and arteries, with steady pressure for a little while, you desensitise the parts and relieve congestion and pain. One of the presidents of the Illinois state society a few years ago took dinner with me at the Palmer House. He said to me, "Pratt, do you know anything about osteopathy?" I said, "A little." Then he said, "Down in our country we have lots of spotted fever which is very fatal, the cases last from six weeks to — eternity. I got hold of a book on that subject, thought I could not lose anything and started to use steady pressure on the back of the neck where the atlas joins the occiput and went down a little farther. I know, doctor, you will hardly believe me, but my cases all got well in from one to two weeks."

Does the medical profession dare to shut its eyes to facts like this?

Dr. Geo. F. Shears.—Did you perform the orificial work in the hip joint case?

Dr. Pratt.—Yes, sir.

Dr. Shears.—You don't advocate orificial work as a preventative of infection, do you?

Dr. Pratt.—The orificial work should be done first. The way I would do it is as suggested by this case, I think the preparatory work was very helpful. I think if I did that in the last case I would have succeeded better.

Dr. Shears.—I thought you told me you did do it!

Dr. Pratt.—I did it at the same time I did the other work. I think I should have done it before and I would have stood very much less chance of infection.

Dr. Shears.—Do you think it had anything to do with preventing the infection?

Dr. Pratt.—I do not know. I think not. I do not know what caused the infection. It was a bad case; the fellow was delicate, had gonorrhea, stricture, and the system was full of ptomaines. Let me relate a case: Here is a young lad Dr. Herkimer brought to my clinic one year ago last September. He had tubercular abscess of the left femur. Three times the surgeons had cut down on the bone and curetted, three times they failed to cure. They thought the fellow was losing ground. He was 12 years old when they brought him to this clinic. His mother and his aunt were there as well as Dr. Herkimer. I simply took off the dressing and with my thumb squeezed about a teacupful of pus from the abscess. I said, I suppose, gentlemen, you would like to see me cut down on this spot, but I want to show you the power of a single thought. I just trimmed up the orifices, and that was all. How long do you think it took before the effect of that work told? That pus pocket was dried up and the wound closed in just five days. This was in September, and Dr. Herkimer wrote to me in November that the wound pouted a little, he opened it and there was but drops of bloody serum; then it closed. The boy

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went home, and it never reappeared. I could tell you cases of malnutrition ad infinitum.

Dr. Shears.—Do you think the pressing out of the pus had anything to do with the healing?

Dr. Pratt then related another case of an an old man in Cook county hospital who had been suffering from necrosis of the bones of the skull. This man was treated by an excellent surgeon and was going to be sent to the incurable ward, but Dr. Pratt took him in charge and after a short time the old fellow walked out of the hospital a well man, the result, he believed of thorough orificial work.

The next paper was read by

Dr. E. M. Bruce on "Surgical Limitations of the Physician." Dr. Bruce said, "Your chairman, some weeks ago, asked me for a short paper for the Surgical Bureau, and I told him that not knowing anything about surgery, I could write from an entirely unprejudiced standpoint, the same as does a literary critic who criticises a book he has not read. He then said, write something about the relation of the surgeon to the physician, and I agreed to this, and was getting up a paper on that special topic when I was surprised to see on the program "The Limitations of the Physician." I mention this to show the mental attitude of the surgeon toward the physician, but when the postal card came out I noticed the limitations were confined to surgical ones.

The surgeon has only a mild toleration for the physician, you know, if it be not tainted with contempt, and this is easy to understand because the surgeon makes more money than the physician and this is the real measure of success and to know, that one is to dine as well as to breakfast gives a comfortable mental balance. The surgeons can always play to galleries and get applause. Some one has said that a surgeon is one who does surgery and everything else he can get to do.

But punning aside, what is or ought to be the relations between the physician and the surgeon? Of course, there are surgeons who are surgeons, and there are surgeons who are not surgeons, the same as there are physicians who are not physicians.

In this disjointed sketch I refer only to those without the "not." Is it best that there should be this division between pills and scalpel? If the proposition that it is the duty of the doctor to take every means within his power to restore his patient to health with the least loss of time and the smallest risk of life, be the true one for us to follow, then it seems to me the division is desirable. Surgery requires a deft-handiness. A speed as great as is consistent with good work so that the period of anesthesia may be as short as possible, together with the boldness that comes with practice.

There is so much to know and there is a limit to brain power; be-

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cause one is up on typhoid fever is no excuse for his missing the diagnosis of diphtheria, or because he is clever at these two that it will in any way atone for letting tuberculosis pass unsuspected in its earliest stages; nor will the public in any way mitigate the censure of a doctor who does not know how to treat a chlorotic girl.

In the country, to a certain extent, an M. D. must be a little of everything, but there is not so much expected of him; I do not want to be understood as underrating the country physician as compared with the city man; perhaps in many cases, the latter is not so good, but there is more expected of him. Now, if these things are true is it good judgment for one to attempt be an expert in both medicine and surgery? I mean by surgery what used to be called major surgery; for the little things though very important at times, almost all M. Ds. know the necessity of being clean. In an abdominal operation, for instance, there is something more than being clean; there is no certainty how you are going to find conditions after you get inside the abdominal cavity and what modification of methods must be adopted, what things must be done at once, and perhaps what things must not be done in order to save that life and make it endurable afterwards.

It is not the same sort of talent which makes the physician that makes the surgeon. The physician is of a temperament that is patient of people's little ills, hopeful of nature's power to right things, and shrewd in his judgment of symptoms. The surgeon is impatient of delay, believing little in a thing he cannot demonstrate, brilliant in his dash, daring in his confidence, he is the man of action, and should always ride on horseback. It is these very conditions, perhaps, which makes a consultation between the two of service to the patient. And sometimes, I take it, the physician is an important factor in the care before and also after operations; occasionally the surgeon has only the mechanical conditions in his head, and in his desire to have things just as he wishes for his own convenience he forgets that there is such a thing as overtraining, and that staleness is a most unsatisfactory thing in the race.

But as a general thing when a patient is referred to a surgeon, for an operation, let the surgeon have charge of the case; do not hamper him for results with trying to keep a hand in too. The same reason for referring the case to the surgeon at all are potent for letting him have complete charge. I am fully convinced that physician is often medlesome in his way of trying to make dressing in post-operative conditions which he is not more competent to make than he is to make the operation. Unless the physician is clever in administering an anesthetic he had better let that to the surgeon, but I would suggest that some surgeons train their assistants in the

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manner of giving anesthetics and not have the patient drenched with chloroform when there is no need of this. Let the physician perfect himself to the utmost in the matter of diagnosis; it is his duty. Let him be fully cognizant when the surgeon ought to come in, or he betrays the trust in him, but let him leave the operative part to him whose hands are trained to the work and prepared for whatever emergency may arise, and let the surgeon remember that there are times when the physician has the lime-light.

DISCUSSION.

Dr. Joseph P. Cobb.—I enjoyed this decidedly original paper very much indeed. I do not quite agree with the essayist; he sat down beside me a few moments ago and said, "Cobb, I did not show you my paper, but it is all rot." I can't stigmatize it as such. I think Dr. Bruce has given us in a new light, in his own words, a subject which is very important for us to consider. I know I am growing more and more to realize the truth of the position, namely, that there are times when it is best for the physician to keep his fingers out; there are things he should not try to do, and the farther I go the more I realize that there are limitations. It does not make any difference how long a man is able to work his brain, there is a limitation to what he can store away and what he can have at his fingers' and tongue's end as well.

The relationship between the physician and surgeon it seems to me is growing to be somewhat different from what it was even a few years ago. It is one of greater confidence on the part of each member to the contract. I think that physicians, especially in centers, where there is a large number of them, and where individuals are able to arrive at a more exclusive line of work, are getting to recognize the fact that there are certain things in the broad, general field of medicine which it is not wise for them to try to do at times when somebody else can do better than they, and at times when the specialist should not only be called in, but the case be given to him. I like the idea that we do not call in a specialist to bolster up the situation, but call him in to take charge of the case if upon consultation it is found the case belongs to him.

The next paper was by

Dr. George F. Shears on "The Surgical Treatment of Ununited Fractures." Dr. Shears said, "Probably few conditions give the surgeon more worry than this of un-united fractures. It always is a great disappointment to the patient to find, after he has been treated for a fracture and the bandage removed, that union has not taken place, and it is difficult to convince him that it is not due to the manipulations." Dr. Shears spoke of the various measures that had been adopted by the medical profession in handling

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these cases, but no plan had as yet proved so successful as to receive the endorsement of the whole surgical profession. Dr. Shears exhibited an instrument for supporting the bones and keeping them in place, with which he had succeeded better than by silver wire sutures and other measures, and this had his unqualified indorsement. He has tried the method he suggested in but three cases that came under his care in Hahnemann hospital, but the results secured in each case had not been entirely satisfactory.

When one takes into consideration the fact that operations for the re-uniting of fractures fail as often as does the original operation, and in every case tried this had succeeded, he felt like emphasizing the value of the procedure. Dr. Shears reported a few cases in which he had used this method. The first case was a farmer, aged 63. Two years before he was kicked by a horse, which resulted in a fracture of the left femur at the middle third. Extension and counter extension were used. A few days after the accident the leg became inflamed, and it was necessary to remove the dressing. When inflammation had subsided the limb was found to be 2½ inches shorter than the other leg. The injured leg was put into an extension dressing and kept there for six months, at the end of which time there had been formed a false joint. The skiagraph showed a lapping of the two fragments. An incision was made down to the bone, the ligamentous exudate was severed, the parts freshened and the bones brought in apposition. There was much difficulty in bringing the bones into position because of the long contraction of the muscles. The apparatus was attached to the bones and large dressings of gauze employed. No drainage was used and at the end of a week the leg was again dressed. The result of the operation was the restoration of the limb to use.

Another case was in a patient 35 years of age, had a fracture that had failed to unite, practically the same methods were used as in the former case and in twelve weeks bony union had taken place.

A third case occurred in a man of 34, where both bones of the left leg were fractured. There being no union of the bones at the end of nine weeks, a skiagraph was made and it showed a transverse fracture. Incision made to bone, to tibia, on anterior surface and bone exposed. It was then discovered that the skiagraph was wrong and that it was an oblique fracture. The skiagraph being a shadow picture, failed to show the true character of the case. On account of the injury, drainage was made in three places and the leg treated with the clamps as were the other two cases. After a comparatively short time the patient was cured, bony union taking place.

Dr. Pratt, in discussing the paper, complimented the author upon its excellence, and said if there is any-

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thing the physician needs help upon it lies along the lines of non-united fractures. I would like to ask the doctor if there is anyway of applying this measure to intracapsular fractures of the neck of the femur? I cut down on one and tried to wire it together, but did not succeed very well. I thought another time I would take sutures and fasten it so that it would remain until I secured ligamentous union, but if there is any way of applying clamps to the hip joint I would like to know it.

Dr. Shears.—Mechanically it could be applied, but whether it would be practical to leave it in the synovial membrane cavity I do not know.

Dr. Pratt.—I have lost respect to a great extent for joints and I would not hesitate to enter one at any time. Dr. Pratt said that nature could establish false joints, throwing out material to create one and he felt safe in undertaking to work around them.

Dr. Shears, in closing, said that he had but little to say. In reply to Dr. Pratt's question he would say that he could see no difficulty in applying this apparatus in intracapsular fracture if one is not afraid of starting up inflammation of the joint proper. It has been used in fracture of the patella. I have never used it. My own experience has been confined to the case reported. Dr. Shears mentioned his experience with decalcified bone and spoke of the failures that had followed its use. He also called attention to other methods of repairing these conditions, but none had given such excellent satisfaction as had the clamps which he had used in these three cases.

This closing the bureau of surgery, the society stood adjourned.

Central Illinois Homeopathic Medical Association.

The eighteenth session of the Central Illinois Homeopathic Association convened yesterday in the city hall. The officers are Dr. Samuel Bishop, president, and Dr. W. E. Neiberger secretary, both of this city; Dr. M. L. Howard, of Danville, vice-president; Dr. W. H. Shane, of Peoria, treasurer; and Dr. Charles H. Long, of Pontiac, chairman of the bureau.

Besides those mentioned there were present Doctors Joseph Hallett, G. B. Kelso, B. P. Marsh, A. J. Morris, R. S. Piper, of this city; J. W. Calvert, of Dwight; C. F. Hough and W. M. Honn, of Champaign; Hugh Hover, Stanford; G. D. Lockie, Pontiac; C. A. Miller, Mackinaw; L. T. Rhoads, Lincoln; A. T. Washburn, Lexington; Thomas H. Waters and A. T. Webster, of Atlanta, and Nora Donahue, of Decatur, and Margaret Davison, of Eureka.

The program was devoted to surgery, of which bureau Dr. Long is chairman, and the only papers missing from the regular assignments were those of "Puerperal Sepsis," by Dr. O. E. Glick of Hume, and

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on "Circumcision," by Dr. Lockie of Pontiac. Dr. Glick had a communication and there was a motion that his paper be read later in the day, but it did not reach the secretary's table. The other papers were as follows:

"Surgical Treatment of Infectious Inflammations," Dr. Waters.

"Conservatism in Surgery," Dr. Kelso.

"The Diagnosis," Dr. Rhoads.

"Hemorrhoids and Treatment," Dr. Calvert.

It was expected that the society would be entertained by Dr. and Mrs. Kelso, but owing to the fact that the visiting members were unable to remain after the early evening trains, that feature was dispensed with for this meeting and a hearty vote of thanks was voted Dr. Kelso and wife by the members present. It seems that while there was not an alarming number of cases of sickness, the continued disagreeable weather or something else has given all the members of the society about all they can attend to and they could not neglect their practice any longer than during the day.

All the papers developed an interesting professional discussion of the subjects in hand, especially that of Doctor Webster, of Atlanta, on "Appendicitis." Dr. Hallett followed the talk of Dr. Kelso on "Conservative Surgery" with a lengthy discussion of the same subject, and all the discussions were lively and full of vinegar. One of the features of discussion which was not on the regular program was the discussion of a proposed medical practice bill which is to come before the next session of the Illinois legislature and the question was thoroughly gone over. In addition to this, they all appeared to favor some means of regulating by law the indiscriminate leaving of medicines at homes and in stores and offices.

Incidental to the routine business the matter of dues and membership was brought up and the treasurer was ordered to notify those in arrearages. This will be done, and as the matter is one of oversight and not intentional neglect, there will be many responses.

Dr. Nora Donahue of Decatur, and Dr. W. M. Honn of Champaign, were elected as members and Dr. Donahue was made a member of the program committee for the next meeting.

It was decided that at the next meeting there will be the annual banquet, and after more discussion and routine business the meeting adjourned. The total membership of the society is 64, and of these 19 were present yesterday. The next meeting will be in this city in May, 1903.

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American Institute of Homeopathy.

CHICAGO, November 20, 1902.

To the Members of the American Institute of Homeopathy:

The executive committee, after careful investigation and consideration has decided that the best interests of the institute will be served by holding the session of 1903 in the Back Bay district of the city of Boston, with the Hotel Somerset as headquarters.

This arrangement, the committee is confident, will afford the most satisfactory accommodations and the greatest facilities that it is possible to obtain. The available hotels are the Somerset, Vendome, Victoria, Copley Square, Nottingham and the Lenox. The Somerset is the most select non-commercial hotel in Boston. The management has granted the American Institute the most favorable terms it has ever offered to any guests. The Somerset, on the European plan, will provide 300 rooms at the rate of $2.50 per day. The hotel offers a special table d'hote menu of breakfast, 60 cents; luncheon 65 cents; dinner, $1.50. Any one or all of these meals may be taken, and only the meals taken are paid for.

At the Nottingham the rates are $1.00 per person per room, with meals a la carte, at reasonable prices. At the other hotels named first-class accommodations can be secured at prices ranging between these two, so that all preferences and all purses can be suited. The Somerset can take care of 600, and the six hotels named can care for an aggregate of 1,800 guests, which is seen to be ample for the demands of the occasion.

The Institute meetings will be held in the banquet room of the Hotel Somerset, which will provide a most satisfactory auditorium, with perfect acoustic properties, absolute freedom from outside noises, and ample seating capacity. In the Somerset are six desirable rooms suitable for committees and for sectional societies, while next to the hotel is a public building with still other available halls, where also the exhibits will be placed. The committee is convinced that the conditions in the Back Bay district of Boston are little short of ideal for one of the most pleasant, profitable and satisfactory meetings that the Institute has ever enjoyed.

The session will be held the week of June 22d to 27th, 1903. The preceding week, the 15th to 20th, would have been the committee's choice but for the fact that it is "Class Day" week at Harvard, and on this occasion reservations are yearly made by all the desirable hotels, and it would, consequently, be impossible for the Institute to secure adequate accommodations. Only the necessities of the occasion, as here set forth, would have induced the Committee to make this variation in the date.

The committee has full confidence that the success of the Boston meeting, which may safely be predicted, will fully justify its action.

JOS. P. COBB, M. D., President-elect.
CH. GATCHELL, M. D., Secretary.

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Book Reviews.

PRACTICAL GYNECOLOGY, OBSTETRICS AND THE MENOPAUSE. By A. H. P. Leuf, M. D., Philadelphia. Three Parts, complete in one volume of 326 pages. Price, cloth, $2.50. Published by The Medical Council, 4105 Walnut street, Philadelphia, Pa., U. S. A.

The true key to this work may be found in the following extract from the preface:

"A treatise upon any subject should be more than a mere dictionary of terms and methods; it should teach principles and their application; should indicate lines of thought; should stimulate investigation."

Part I. *The General Practitioner His Own Gynecologist.*

In the "Foreword" to this department the author plainly shows the great value to the family physician, both professionally and financially, of a thorough knowledge of the science, and competent skill in the art, of gynecology (properly pronounced jin-e-col-o-gy, not guyne-col-o-gy). He also argues its reasonably easy attainment. The doctor should do all he can safely and correctly of his own work in diseases of women, rather than refer his patients to specialists for minor work which he could often do even better himself.

The author starts this department by detailing the simple and inexpensive instrumental outfit required, showing the uses of each instrument. In regard to a gynecologic chair he says:

"Gynecologic chairs are an expensive nuisance. I have owned two, and would not have another. The table I use cost me $4.00, second hand, and I prefer it to any chair in the market. The man who buys an expensive chair with which to impress his patient is deluded, unless he has no ability to impress her with his skill by giving relief. Remember, the price of this unnecessary ornamental piece of furniture will buy all the instruments one needs, with money to spare."

The author then takes up Examination, Diagnosis and Treatment of diseases of women in proper sequence, not going into controversial matters, but giving only the practice which in his own hands has been most successful. It can be used as a working guide to the physician in his daily practice. The language is direct, plain, concise, using the fewest possible words to plainly express the meaning. The great value of this part of the book can best be shown by quoting a letter from a physician:

"Dr. Leuf's book has helped me to do better work every day in my gynecologic practice, and to properly treat many cases that I formerly sent to the specialist."

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Part II. *Common Sense in Obstetric Practice.*

In the "Foreword" to this department the author shows vividly the extreme importance of the doctor's being so thoroughly prepared in the technique of obstetrics that he will be able to meet the various emergencies that arise in which prompt, skillful work may save one or both lives, and the possession of which skill alone distinguishes the physician from the ordinary midwife and justifies the public in employing him at a greater cost. It also decries the too common burlesque often prevailing in the lying-in room. The chapters deal successively with the following subjects: Requisites to Success in Obstetric Practice, including Personal Factors, both of patient and physician; Preliminary Period, etc.; Diagnosis of Pregnancy, with especial reference to the Earliest Possible Diagnosis; Care of Pregnant Women, including Diet, Exercise, Hygiene, etc.; Preparation for Labor, in which the usual complicated paraphernalia and preparations are greatly simplified, to the convenience of the physician and benefit of the patient: Diseases of Pregnancy, very fully and completely discussed, with practical help in treatment; First Stage of Labor, including anesthesia, general and local; Second Stage of Labor, very fully discussed, including instrumental interference, saving the perineum, hemorrhage, etc.; Third Stage of Labor, including the Management of the Placenta in the normal and various abnormal conditions, Inverted Uterus, Lacerations, Obstetric Binder, Post-partum Hemorrhage, etc.; a very complete chapter on the Duty of the Obstetrician after Labor, another on Complications, one on Obstetric Operations, concluding with one on The Child. The physician who reads this work will be seized with a new enthusiasm to resume his obstetric work with an earnestness never before experienced, and with a well-founded confidence in his ability to do far better work and enhance his reputation in his community as an obstetrician.

Part III. *The Change of Life in Women.*

The great object of the author in this part is to relieve this much-misunderstood subject of the mystery with which it is invested in the minds of both the laity and a large part of the profession, and to show the plain physiologic laws by which all its supposedly mysterious manifestations are easily explained, leading naturally up to the logical, and in the vast majority of cases successful treatment. Not only is this work intensely interesting as a profound study of the human system in its most capricious period, but its mastery will enable the physician to guide the most of these cases safely and pleasantly through this most trying epoch to the final establishment of even better health than they have for years previously enjoyed, thus justly earning his fees and win-

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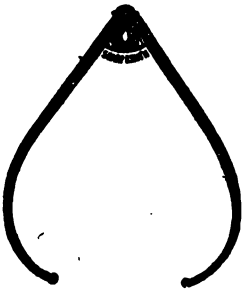

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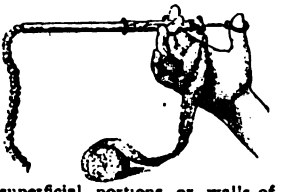

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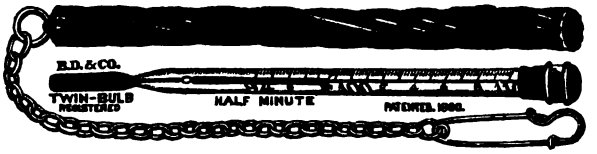

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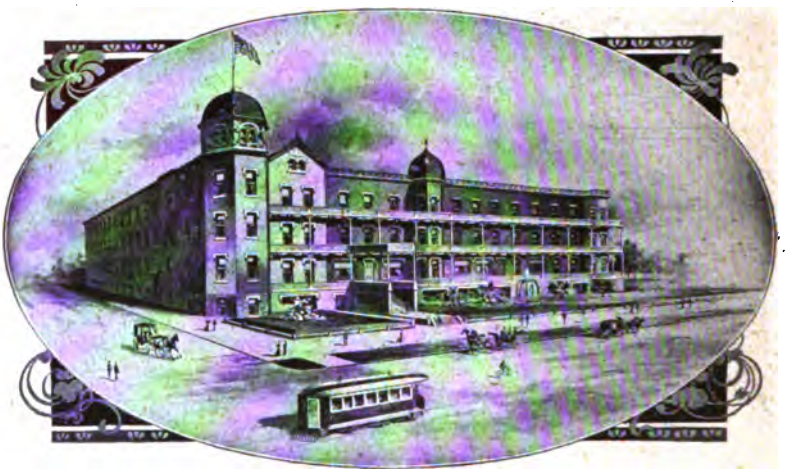

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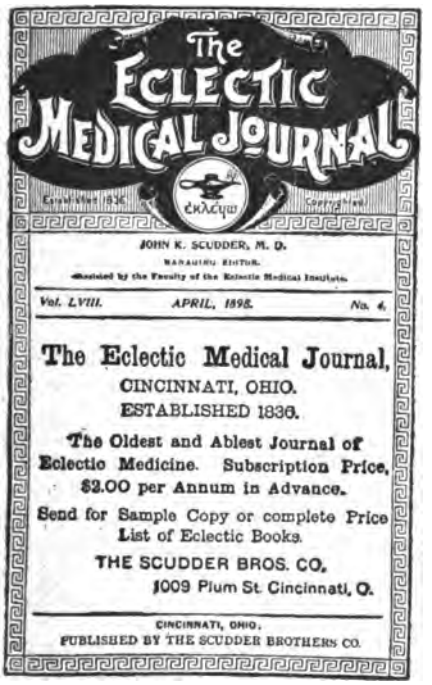
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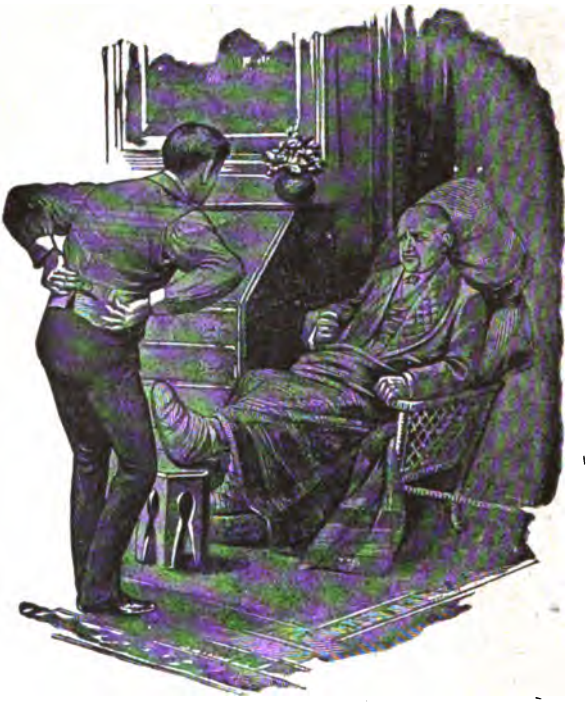

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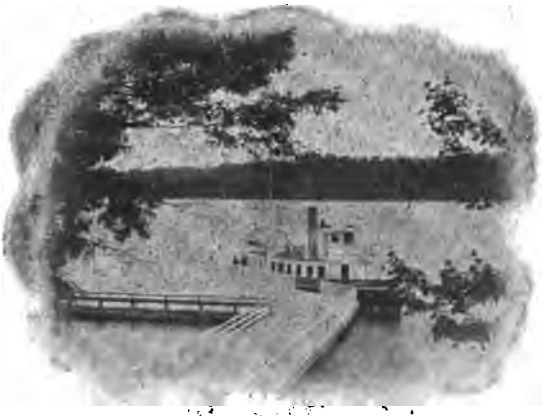

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